



**Executive Board
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and of the
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UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Albania

Proposed UNFPA assistance: \$4.0 million; \$2.8 million from regular resources and \$1.2 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Second

Category per decision 96/15: Country with economy in transition

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.8	1.2	4.0
Total	2.8	1.2	4.0

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ALBANIA

DEMOGRAPHIC FACTS

Population (000) in 1995	3,441	Annual population growth rate (%)	1.0
Population in year 2000 (000)	3,624	Urban	2.2
Sex ratio (/100 females)	105.0	Rural	0.3
Per cent urban	37.3	Crude birth rate (/1000)	21.6
Age distribution (%)		Crude death rate (/1000)	5.6
Ages 0-14	31.4	Net migration rate (/1000)	-5.7
Youth (15-24)	18.3	Total fertility rate (woman)	2.66
Ages 60+	8.3	Life expectancy at birth (years)	
Percentage of women aged 15-49	52.3	Males	70.0
Median age (years)	25.2	Females	75.8
Population density (/sq. km.)	120	Both sexes	72.8
		GDP per capita (U.S. dollars, 1994)	550

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Albania achieve its reproductive health objectives. UNFPA proposes to fund the programme in the amount of \$4 million, of which \$2.8 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$1.2 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed programme would be UNFPA's second programme of assistance in Albania.
2. The proposed programme was developed in full cooperation with the Government of Albania and is based on the recommendations of a programme review and strategy development (PRSD) mission that visited Albania in September/October 1996, as well as the recommendations of the first national population conference, which was held in June 1995. The proposed programme has been designed to complement the programmes and activities of other donor organizations in the country. It would be harmonized with the programmes of UNDP starting in 1997 and with UNICEF starting in 2000.
3. The main objective of the proposed programme is to assist the Government to achieve its national reproductive health goals by the year 2000 -- a reduction in the infant mortality rate to under 25 per 1,000 live births; a decrease in maternal mortality to under 25 per 100,000 live births; an increase in the contraceptive prevalence rate (CPR) to 20 per cent of women of reproductive age; and a reduction in the prevalence and incidence of sexually transmitted diseases (STDs), including HIV/AIDS. Albania is one of the countries recommended for transitional assistance under UNFPA's new approach for resource allocation. Given the high prevalence of abortion, the Fund's assistance would focus on facilitating the transition from a reliance on abortion to regulate fertility to an approach based on the concept of reproductive health. This will include promoting modern contraception and addressing social and cultural constraints to the practice of family planning.
4. In light of the widespread unmet need for reproductive health information and services and the limited resources available, the emphasis in the new programme will be on a holistic approach to reproductive health care. The programme will assist the Government in institutional capacity-building, quality service delivery at the primary health care level, and information, education and communication (IEC) activities in support of reproductive health. Limited support will be provided for gender-sensitive data collection, analysis and dissemination as well as to advocacy activities in direct support of the promotion of reproductive health. Gender concerns will be an integral part of the overall programme of assistance and will be fully integrated into all programme activities.
5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the

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International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Albania is currently in a period of rapid social, economic and political transformation. This transition process, initiated in 1990, has led to social and economic disruption. Albania is the poorest European country, with an estimated per capita gross domestic product (GDP) in 1994 of \$550. Mortality rates, although declining, are still the highest in Europe. Infant mortality was 28.3 per 1,000 live births in 1990; maternal mortality was estimated to be 31.8 per 100,000 live births in 1994. In 1990, abortions counted for almost 40 per cent of maternal mortality, but, by 1995, following the 1991 legalization of abortion, maternal mortality had been reduced by 50 per cent. Declining public investment in the health sector during the difficult transition process has resulted in the closing of many village health centres, including maternity clinics, and has slowed the pace in the reduction of mortality rates.

7. For a long time, Albania has enjoyed nearly universal literacy, and both girls and boys have unrestricted access to all educational facilities. During the social unrest of 1989-1990, numerous schools were demolished as symbols of the state. Enrolment rates then declined dramatically, particularly in secondary education, affecting boys more than girls. While girls have generally enjoyed equal educational opportunities, the socio-political and economic changes of the transition period have resulted in a marked widening of the gender gap in other areas. Women suffer from diminished political and economic opportunities and, at the same time, play a reduced role in community decision-making. Men seem to have more ready access to jobs than women; the sudden drop in access to public child-care facilities and the consequent greater burdens of child care and unemployment have affected women more than men.

8. The total fertility rate has dropped dramatically over the last three decades, from 6.9 children per woman in 1960 to 2.7 in 1994, despite the pro-natalist approach of past governments. The remarkable fertility decline is attributed to the gradual transition of Albania from an agrarian to a more industrialized society, as well as to the high levels of female literacy and of female employment in the formal sector. The legalization of abortion in 1991 has further contributed to the decline in fertility. Although the use of modern family planning methods was legalized in 1992, the contraceptive prevalence rate was officially estimated to be only 8.3 per cent in 1994. The low fertility level in combination with a very low contraceptive prevalence rate indicate that abortions are still being used as a means to regulate fertility.

Previous UNFPA assistance

9. UNFPA has been cooperating with the Government of Albania since 1983. Prior to the approval of UNFPA's first country programme in 1991, Albania received \$1.5 million during the period 1983-1990 on a project-by-project basis covering maternal and child health and family planning (MCH/FP) and data collection. The first country programme (1991-1995), which was extended by one year, was approved in 1989 before the country's political changes took place.

10. Lessons learned from the previous programme indicate that current conditions in Albania require a more flexible approach that can accommodate possible changes in the programme environment. In the area of reproductive health, including family planning and sexual health, the medical orientation of the previous programme was primarily aimed at the training of medical personnel in all aspects of MCH/FP. The perspective of clients, however, was not a major component of the training. Most clinics were not considered "client-friendly", and the medically-oriented approach to family planning often ignored sociocultural aspects, such as gender relations and client satisfaction.

11. IEC activities in support of reproductive health were absent in the past. As a result, there is an enormous lack of information among the general public regarding the different aspects of reproductive health, including family planning. Misconceptions and prejudice regarding family planning methods are very persistent in Albania, thereby hampering the promotion of contraceptive use. The urban population profited more from the previous programme and the family planning services offered than did the rural population, despite the fact that about 60 per cent of the population live in rural areas, and the previous programme neglected men so that family planning is still seen as a women's issue. There has, however, been a dynamic growth in the number of non-governmental organizations (NGOs) involved in reproductive health activities, and this augurs well for future activities. A number of NGOs have the ability to complement government activities, particularly in reaching out to special target groups such as adolescents and men.

Other external assistance

12. UNFPA is the main donor in the area of reproductive health. The Fund's presence in Albania has been greatly advanced by the establishment of a UNFPA office in January 1996 and the subsequent appointment of a UNFPA Representative. The main multilateral donors in the field of health are UNICEF and the World Bank, and the European Union is also active in this area. The World Health Organization (WHO) has played a prominent role in assisting the Albanian Government in coordinating international health assistance and mobilizing resources to meet priority needs.

13. The United States Agency for International Development (USAID) and the German Kreditanstalt für Wiederaufbau (KfW) are the main bilateral donor agencies involved in reproductive

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health programmes in Albania. USAID is currently funding a women's reproductive health project aimed at training public-sector health personnel, private health-care providers and pharmacists in offering family planning services to women and their husbands. KfW has provided funding for the upgrading, renovation and supply of basic equipment to 60 maternal- and child-care clinics. Further support is provided for the social marketing of contraceptives.

14. A number of major donors are involved in rehabilitating and upgrading health facilities, supplying equipment, providing long-term training and supporting social marketing. Very few, however, have been able to create awareness of modern contraceptives among women of reproductive age and youth in general. UNFPA is the only donor in the country focused on a holistic approach to reproductive health. Therefore, the core of the proposed programme is to complement other donors' support to primary health care by fostering the integration of a comprehensive reproductive health approach.

Proposed programme

15. Given the high number of abortions in Albania, in combination with the low use of contraceptives, the main purpose of the proposed programme is to facilitate the transition from a reliance on abortion as a means of fertility regulation to an approach based on the concept of reproductive health. More specifically, the programme's first objective will be to increase knowledge and awareness about reproductive health among specific audiences. Secondly, the quality of reproductive health care services at the primary health care level will be improved and the range of services expanded. Third, the programme will strengthen the capacity of the reproductive health sector within the Ministry of Health and Environment and the National AIDS Control Programme. And finally, it will mobilize public opinion in support of reproductive health and rights.

16. In order to achieve the first objective, IEC activities addressing social factors, attitudes and skills are crucial to enable couples to understand their choices in planning their families and thus reduce the need to resort to abortion. The proposed programme will assist the Government in developing a national IEC plan of action. In order to develop and implement such a plan, a national IEC technical working group would be established with members representing both the governmental and non-governmental sectors.

17. In order to improve the quality of reproductive health services within the primary health care system, assistance will be provided to gradually introduce essential reproductive health components into all 11 regional family planning centres, 28 family planning centres in maternity hospitals, 137 women's consultation centres and the approximate 2,000 health posts. Given the lack of services in the rural parts of the country, priority will be given to those areas. An incremental approach will be followed that focuses first on the gradual integration of services related to reproductive tract infections (RTIs), STDs and HIV infection, the management of unsafe abortions and post-abortion

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counselling in all existing family planning centres. At the same time, the programme will pay special attention to the reproductive health needs of youth and adolescents, primarily through training health providers in adolescent sexuality and reproductive health needs and through supporting the activities of NGOs in this area.

18. The training of primary health care service providers at the training centres established during the previous programme cycle will be an important element of the proposed programme. Training in technical skills and IEC will focus on family planning and sexual health (including the prevention of STDs, including HIV/AIDS), interpersonal communication and counseling of clients, adolescent sexuality, gender concerns, and the role and responsibilities of men in family life. In addition to ensuring the availability of essential high-quality contraceptives at primary health-care facilities, the programme will support the provision of basic medical and laboratory equipment and the development of an effective logistic system. The improvement of the logistic management system may be sub-contracted to the private sector.

19. In order to strengthen institutional capacity, the proposed programme will assist efforts at the central level to improve planning, management and coordination of reproductive health activities as well as to undertake relevant research. In particular, the programme intends to strengthen the capacity of the reproductive health sector within the Ministry of Health and Environment and the National AIDS Control Programme. To accomplish this, it is crucial to establish a reliable, relevant and adequate database on reproductive health, and the proposed programme will provide support in this area.

20. Taking into account the importance of developing a national policy on population and development, as recommended by the first national conference on population in June 1995 and the PRSD mission, UNFPA intends to provide limited support for the development of a reproductive health policy, as part of a national population and development policy and a national plan of action. For that purpose, the programme will also provide some support, mainly in the form of technical assistance, to the National Commission on Population, which has been mandated by the Government to formulate a national policy.

21. In its support of advocacy efforts, the programme will assist the Government in its efforts to inform citizens and mobilize public opinion in support of reproductive and sexual health and rights. This will include involving the Albanian mass media (television, national and regional radio and print media) to encourage the promotion of national population policies. UNFPA will allocate some programme resources to develop briefing kits for journalists and broadcasters and to organize regular seminars for media specialists to discuss various population issues. Considering the resources available, the Fund will support NGOs, in particular women's NGOs, in their advocacy efforts in favour of reproductive health and rights and the empowerment of women.

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Implementation, monitoring, evaluation and coordination

22. The Government of Albania will be responsible for the overall implementation of the programme through its Department of Economic Development and Aid Coordination in the Prime Minister's Office. The Ministry of Health and Environment will be the main implementing agency for the reproductive health programme. In close cooperation with the Government, some NGOs will be selected for the implementation of a number of programme activities, based on their proven abilities and experiences in project implementation. The implementing agencies will be responsible for internal monitoring of their respective programme activities following the relevant UNFPA guidelines. To assess overall programme progress, a mid-term review and regular tripartite reviews will take place.

23. WHO will be requested to execute elements of the reproductive health programme in close collaboration and coordination with UNFPA. Emphasis would be placed on long-term counterpart training. Technical assistance will be provided through the Country Support Team (CST) located in Amman, Jordan, and the regional specialists at WHO. In view of the limited operational capacity at the local office, UNFPA will continue to optimize programme efficiency through the coordination of activities with other United Nations agencies and within the context of the United Nations Resident Coordinator system.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme for Albania as presented, in the amount of \$4.0 million over the period 1997-2000, \$2.8 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available. The balance of \$1.2 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Guinea

Proposed UNFPA assistance: \$9.5 million, \$7.5 million from regular resources and \$2 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	5.0	2.0	7.0
Population & development strategies	1.5	-	1.5
Advocacy	1.0	-	1.0
<i>Total</i>	7.5	2.0	9.5

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GUINEA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	25.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	5.0	≥ 55
Access to basic health services (%) ³	80.0	≥ 60
Infant mortality rate (/1000) ⁴	134.0	≤ 50
Maternal mortality rate (/100,000) ⁵	800.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	17.2	≥ 75
Adult female literacy rate (%) ⁷	19.3	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	6,700
Population in year 2000 (000)	7,759
Sex ratio (/100 females)	101.0
Per cent urban	29.6
Age distribution (%)	
Ages 0-14	47.1
Youth (15-24)	18.9
Ages 60+	4.2
Percentage of women aged 15-49	43.9
Median age (years)	16.4
Population density (/sq. km.)	27

Annual population growth rate (%)	2.9
Urban	5.5
Rural	1.8
Crude birth rate (/1000)	47.6
Crude death rate (/1000)	18.3
Net migration rate (/1000)	0.0
Total fertility rate (woman)	6.51
Life expectancy at birth (years)	
Males	46.0
Females	47.0
Both sexes	46.5
GNP per capita (U.S. dollars, 1994)	510

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1 The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Guinea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$9.5 million, \$7.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$2 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocations of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Guinea.

2 The proposed programme has been developed in close collaboration with the Government, non-governmental organizations (NGOs) and the donor community. The programme takes into account the National Population Policy of 1992 and the National Population Programme of 1996 and the draft of the Country Strategy Note. It is based on the findings and recommendations of a programme review and strategy development (PRSD) exercise that was carried out in 1996. The proposed programme is in harmony with the programming cycles of UNDP and UNICEF.

3 The long-range objective of the proposed programme is to help the Government achieve the objectives of the National Population Policy by addressing priority needs in the three UNFPA core areas – reproductive health, including family planning and sexual health; population and development strategies; and advocacy – through training and institution-building to increase national capacity for carrying out population activities. At the national level the programme will concentrate on these capacity-building activities in both government agencies and NGOs while helping to incorporate family planning and certain other reproductive health services in 115 public health centres and initiating a community based distribution system of contraceptives in four administrative regions.

4 All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5 Guinea falls into category "A" under UNFPA's new scheme for resource allocation and is included among the least developed countries, with an estimated per capita gross national product (GNP) of \$510. The population of nearly 7 million is 71 per cent rural and relatively young: 47 per cent are under age 15, and the median age at marriage is 16 for women. Refugees and displaced persons from Liberia and Sierra Leone are estimated to number over 600,000. In Guinea, a high value is placed on marriage and child-bearing as constituting the primary roles for women. This explains the persistence of forced early marriages, low participation of women in family decision-making, lack of land ownership by women and their limited access to capital. The school enrolment

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rate is below 20 per cent for girls versus 61 per cent for boys. It is estimated that 80 per cent of women have undergone female genital mutilation, and that 50 per cent of them are in polygamous marriages.

6. Despite reforms undertaken by the Government, the quality of health services in Guinea remains inadequate. Infant and child mortality are among the highest in the world, and maternal mortality is also unacceptably high. Although 69 per cent of pregnant women make use of pre-natal services, only 35 per cent of births take place inside health facilities. Abortion, which is illegal in Guinea and is often practiced under unsafe conditions, accounts for 17 per cent of maternal deaths. The fertility rate remains high as a result of numerous cultural factors, including early marriage, preference for male children and the low status of women. Awareness of modern contraception is only 28 per cent, and the contraceptive prevalence rate is 5 per cent. A total of 43 per cent of health centres provide family planning, yet even these centres do not always respond to other prevalent reproductive health problems. HIV infection is still low according to a survey undertaken in 1995.

7. The National Population Policy was adopted in May 1992 and was subsequently revised in light of the ICPD and the Fourth World Conference on Women. The PRSD mission noted with satisfaction that the Government was gradually switching emphasis to ensure that population dynamics were fully taken into account in both macro-economic plans and policies as well as in a wide range of sectoral and thematic policies. However, although an implementation framework for the National Population Programme now exists in Guinea, actual implementation lags far behind.

Previous UNFPA assistance

8. The third UNFPA programme cycle saw an increased level of awareness among decision makers and religious leaders throughout Guinea about the interrelationship between population and development as well as numerous tangible achievements in terms of population and reproductive health. A national committee on population and health resources was created, and the National Population Policy and Programme were adopted. The UNFPA programme helped to train four regional directors of planning and 60 managers in population programme management, organize three data collection exercises, and formulate policies on the promotion of women and youth, including responding to their reproductive health needs. In addition, maternal and child health and family planning (MCH/FP) services were integrated into 46 health centres, and population education was introduced in a significant number of schools.

9. However, the compartmentalized, sectoral nature of these projects constituted a major obstacle. Despite obvious progress, institutional capacities for national execution are still far from adequate, particularly in the area of financial control. Development of the institutional framework therefore appears necessary during the next cycle for the coherent implementation of the different programmes. This improvement in the institutional framework requires both the Government and the

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country's development partners to work out a better system of coordination and collaboration in order to avoid duplication of efforts.

10. Reviews of the third UNFPA programme suggest that the next programme needs to support the implementation of an appropriate institutional framework and coordinating mechanism both at central and lower levels as well as develop an integrated data system to guide management of different programme activities. It also needs to encourage the quantitative and qualitative development of human resources and the formulation of a coherent strategic approach for promoting greater awareness of the country's population problems and a balance between the supply of and demand for reproductive health services.

Other external assistance

11. There are numerous donors in the population and reproductive health fields in Guinea including UNICEF, the World Health Organization (WHO), the World Bank, the African Development Bank, the United States Agency for International Development (USAID), the European Union, French Cooperation, the Government of Germany, and different international NGOs. The World Bank has funded a major programme of construction and renovation of health centres and hospitals and has recently concluded a new programme with a total credit of \$25.6 million over a six-year period (1995-2001) to build 22 health centres, rehabilitate and equip four regional hospitals and build and equip 18 prefectural hospitals. UNICEF is the principal donor for a programme to integrate MCH services into the 317 functioning health centres. UNICEF has also funded a large advocacy campaign for girls' schooling.

12. USAID, working through an international NGO, Population Services International, has developed the framework for a programme to help prevent sexually transmitted diseases (STDs), including HIV/AIDS, and has supported the social marketing of condoms. Since 1992, USAID has been working in two regions to include family planning in 79 health centres and 13 regional maternities in a programme valued at \$11 million. The German Gesellschaft für Technische Zusammenarbeit (GTZ) has assisted in developing a rural health and family planning programme in two prefectures, and the Kreditanstalt für Wiederaufbau (KfW), in collaboration with UNFPA, will fund the integration of reproductive health services in 207 health centres. The International Planned Parenthood Federation (IPPF) assists its local affiliate in maintaining five family planning clinics in different parts of the country.

Proposed programme

13. The proposed programme will assist the Government in collaboration with other donors to expand the availability and increase the quality of reproductive health services and increase demand for modern contraceptives. It also seeks to improve the coordination and follow-up of population

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programme implementation at both the central and regional levels, as well as contribute to the creation of a comprehensive national demographic and socio-economic information system. Specifically, the programme will help the Government meet its goals of reducing the unmet demand for reproductive health services by one third, increasing the contraceptive prevalence rate by an additional 10 per cent by 2001, and reducing maternal mortality to 450 per 100,000 live births.

14. To attain the above objectives, the programme aims to strengthen the technical skills of civil servants and NGO personnel in formulating, implementing, evaluating and coordinating the National Population Programme and in delivering reproductive health services. In Guinea, this includes promoting services relating to gynaecology and obstetrics, Safe Motherhood, infertility, the reproductive health needs of youth (including the high level of abortions), prevention of STDs and the provision of information on the negative effects of female genital mutilation. The programme will also work to integrate population and gender issues into sustainable development programmes and to develop national and regional advocacy programmes targeting policy makers, religious leaders and the civil society in a long-range aim to generate sustained national commitment to population and gender concerns.

15. Reproductive health. The specific objectives of the UNFPA programme in terms of reproductive health will be to integrate family planning and certain other elements of reproductive health into 115 public health centres and to implement a community based distribution system for contraceptives in 20 villages a year in the administrative regions of Kindia, Mamou, Boké and Labé, which will help to address the lack of availability of services in rural areas. The programme will also create five counselling and service centres on reproductive health for youth. Lastly, it will work to strengthen national NGOs and women's groups involved in the fight against female genital mutilation.

16. The proposed strategies to attain these objectives include decentralizing health planning management to the district level and promoting the quality of reproductive health care through the development of a master training plan for service providers and managers. Additionally, the programme will enhance sustainability of reproductive health services delivery through community participation and intersectoral collaboration and by the integration of reproductive health teaching into the curricula of the country's health school curricula. It also aims to develop a plan of action for the improving adolescent reproductive health.

17. Population and development strategies. The principal issues in the area of population and development strategies include the weak technical skills for management of the population programme, a weak institutional framework for the advancement of women, and the lack of a developed strategy for population, information, education and communication (IEC) activities. The national population programme has encompassed a series of projects that are not well articulated or coordinated. UNFPA will support the Government's preparation of a donors conference designed

to enhance coordination and cooperation and the elaboration of regional population programmes to rationalize and facilitate programme implementation.

18. The objectives of the UNFPA programme include supporting the Government in such activities as translating the objectives of the national population policy into coherent regional action programmes. UNFPA will also assist the Government in improving the population database and the knowledge base on population dynamics. The programme will also support institutionalizing population education, including gender issues and human rights, in the curriculum of secondary schools and extending population education to public and private elementary schools as well as into the non-formal education sector by integrating it into adult literacy programmes and youth centres.

19. To meet these objectives, UNFPA will support institution building and technical capacity-building in the Permanent Secretariat of the National Population Commission, Regional Committees on Population and Human Resources, the Ministry of Women's Promotion and Social Affairs, various sectoral ministries, and the University of Guinea. UNFPA will contribute to the analysis of the 1996 census, to conducting a demographic and health survey in 1998, and to sociocultural and operational research.

20. Advocacy. The implementation of the National Population Programme will require strong support from all elements of Guinean society. Therefore, the proposed programme will support the Government in its efforts to raise awareness of national decision makers. NGOs and the general public on the interrelationships between population, gender issues, family welfare and sustainable development. The emphasis in the proposed programme on youth and adolescent reproductive and sexual health will also require support among health personnel, religious leaders and decision makers. A specific focus will be on assisting the Government in its efforts to improve the status of women and to promote greater school attendance by girls and to generate greater support for population programmes. All of these efforts will require working with parliamentarians, religious leaders, local NGOs and women's associations. The Fund will cooperate with UNICEF and the Committee of the Promotion of Affirmative Action in developing a plan of action to promote school attendance of girls.

Implementation, monitoring, evaluation and coordination

21. The need for more effective coordination of population activities has prompted the Government to propose the creation within the Ministry of Planning, Economy and Finance of a Permanent Secretariat of the National Population Commission charged with coordinating the activities for the implementation of the National Population Programme. This body will be responsible for the follow-up of programme activities. The PRSD mission recommended that UNFPA assist the future Permanent Secretariat and the Regional Committees on Population and Human Resources by helping them in skills training and by furnishing them with equipment in order to enable them to fulfill their missions under decentralization. Coordination of external assistance will

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be ensured through quarterly thematic meetings of multilateral and bilateral donors in addition to the monthly meetings with the United Nations Resident Coordinator.

22. A mid-term review is proposed for the beginning of the second semester of 1999. In accordance with UNFPA guidelines, progress indicators will be used in making qualitative and quantitative evaluations of the impact of the programme. Each year, a tripartite review meeting will be organized for each sub-programme in order to review the annual progress report and the management plan. The local UNFPA office will also put in place the mechanisms of consultation, coordination and collaboration among the various sub-programmes by holding periodic meetings among project personnel and organizing workshops for the review of particular issues. Workshops on UNFPA mandate and procedures will be organized once a year for the staff involved in the management of UNFPA-assisted programmes. On the basis of the annual project management plans, technical backstopping will be supplied by appropriate national expertise or from the UNFPA Country Support Team headquartered in Dakar, Senegal.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Guinea as presented, in the amount of \$9.5 million over the period 1997-2001, \$7.5 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of \$2 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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Item 5 of the provisional agenda
UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Central African Republic

Proposed UNFPA assistance: \$5.5 million, \$5 million from regular resources and \$500,000 from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	3.5	0.5	4.0
Population & development strategies	0.8	--	0.8
Advocacy	0.7	--	0.7
Total	5.0	0.5	5.5

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CENTRAL AFRICAN REPUBLIC INDICATORS RELATED TO ICPD GOALS*

		<u>Thresholds*</u>
Births attended by health professional (%) ¹	66.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	23.0	≥ 55
Access to basic health services (%) ³	45.0	≥ 60
Infant mortality rate (/1000) ⁴	102.0	≤ 50
Maternal mortality rate (/100,000) ⁵	600.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	44.0	≥ 75
Adult female literacy rate (%) ⁷	45.6	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database*, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	3,315	Annual population growth rate (%)	2.4
Population in year 2000 (000)	3,731	Urban	3.5
Sex ratio (/100 females)	93.9	Rural	1.6
Per cent urban	39.3	Crude birth rate (/1000)	39.3
Age distribution (%)		Crude death rate (/1000)	15.7
Ages 0-14	42.6	Net migration rate (/1000)	0.0
Youth (15-24)	18.8	Total fertility rate (woman)	5.29
Ages 60+	6.1	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.7	Males	47.8
Median age (years)	18.5	Females	52.5
Population density (/sq. km.)	5	Both sexes	50.1
		GNP per capita (U.S. dollars, 1994)	370

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of the Central African Republic achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$5.5 million, of which \$5 million would come from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$500,000 from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15. This would be the Fund's fourth cycle of assistance to the Central African Republic.
2. The 1997-2001 programme proposal is based on government goals and strategies in the population field, the conclusions and recommendations of the programme review and strategy development (PRSD) mission that visited the Central African Republic in 1996, the 1994-1998 National Programme for Health Development, as well as consultations with religious and trade union leaders and other United Nations agencies and non-governmental organizations (NGOs) operating in the field of population. Programme activities would be coordinated with the planned operations of the other members of the Joint Consultative Group on Policy (JCGP) and with interventions being supported by bilateral and multilateral cooperation agencies and NGOs.
3. In order to help the Government improve the reproductive health of Central Africans, the proposed programme would assist in the integration of a range of basic reproductive health services, including family planning and sexual health, into more than 100 urban health units at the same time that it helped to maintain the level of maternal and child health and family planning (MCH/FP) services in 300 rural health units. These services would encompass activities designed to meet some of the specific challenges confronting the Central African Republic, including the increase in rates of infertility and HIV infection. The Government's long-term objective is to improve the living conditions of Central Africans by the integration of demographic factors into the development planning process. In this regard, the proposed programme would help promote national awareness of the interrelationships between population, women's socio-economic status, the environment and the development process. The programme would also support associated information, education and communication (IEC) and advocacy activities in support of reproductive health and women's empowerment programmes, including on the issue of female genital mutilation. The Central African Republic is a category "A" country under the Fund's new system of resource allocation.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

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Background

5. Following persistent economic crisis and political turmoil in the Central African Republic, the democratization of the regime in late 1993 and the devaluation of the currency helped the country re-establish positive economic growth, achieving a 5 per cent growth rate in gross national product (GNP) in 1995. The country will need to maintain this stability in order to overcome the effects of the last two decades. Although the country possesses enormous natural resources, 62 per cent of households live below the officially-established poverty threshold.

6. According to the Constitution of the Central African Republic, women are equal to men. However, the predominantly rural population (over 60 percent) is still influenced, even in urban areas, by cultural values that favour early marriage and large families and reinforce the dominant status of men. Women have much higher rates of illiteracy than men, and there are fewer girls enrolled in school than boys. Women are under-represented in the formal sector of the economy although it is estimated that 88 per cent of rural and 62 per cent of urban women are working in such tasks as cultivators and market women and that 64 per cent of them make their own financial decisions. Women's efforts to improve their socio-economic status has notably found expression in the creation of an increasing number of active women's NGOs and economic associations.

7. With a 1996 population of 3.5 million, the Central African Republic experienced a stable total fertility rate between 1975 and 1988 of approximately 6 children per woman. That rate declined to 5.1 children per woman according to the country's 1994/1995 demographic and health survey. It has not yet been clearly explained whether the decrease in the total fertility rate is related to the increase in the proportion of infertile women or to the decrease in family size among fertile women. In 1988, infertility was limited to the northern and eastern regions and was attributed to the high prevalence of goiter associated with iodine deficiency in cassava, the basic food. Today, sexually transmitted diseases (STDs) and the consequences of induced abortions account for the spread of infertility to other parts of the country. It is estimated that 29 per cent of all pregnancies do not go to term and that 19 per cent of all pregnancies are terminated by clandestine abortions.

8. The Central African Republic has one health service delivery point for every 6,605 inhabitants, one physician for every 22,000 and one midwife for every 10,000 people. These averages are misleading, however, in that a large proportion of the medical personnel are posted in the capital city of Bangui. One woman out of three receives no antenatal care, and only 30 per cent of the deliveries in rural areas take place in a health facility. Female genital mutilation is still performed on four out of ten Central African women. The AIDS epidemic now affects both urban and rural areas, with national HIV prevalence estimated at 8.6 per cent. The poor health network results in an estimated life expectancy at birth of only 50 years. The very high infant and maternal mortality rates are the result of too many unspaced pregnancies occurring either too early or too late in the mother's life and to the large number of induced abortions.

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9. MCH/FP services are available in all of the country's 18 hospitals and in 44 per cent of the 58 health centres, but the modern contraceptive prevalence rate is still as low as 5 per cent in some areas. According to the 1994/1995 survey, however, less than 1 per cent of women mentioned cost or accessibility as reasons for not using modern contraceptive methods. The 17 per cent who were willing to use modern methods were impeded by religious and/or sociocultural pressures. There is also a high rate of early adolescent sexual experience (28 per cent of girls 15-19 years of age have at least one child), and the high adolescent fertility contributes 15 per cent of the total fertility rate.

10. In 1987, the Government, which had previously maintained pro-natalist policies, became more conscious of the negative impact of the country's rapid population growth on its development process. A formal population policy has not yet been adopted. In 1994 a seminar with representatives of the civil society and the Government could not reach a consensus on the draft proposal. However, efforts are continuing to implement the de facto policy that aims to intensify and extend integrated MCH/FP services and to empower women. In order to improve the overall health situation, the Government adopted the 1994-1998 National Programme for Health Development, which included nine priority programmes, including one for MCH/FP. Since the national resources allocated to the population programme are limited, the implementation of health and other population-related programmes essentially depends on external assistance.

Previous UNFPA assistance

11. UNFPA contributed significantly to the promotion of increased awareness of the interrelationship between population-related issues and the development process among government officials, decision-makers and many opinion leaders. The Government's population and health concerns now extend to such areas as support for the reproductive health concept, including birth-spacing; Safe Motherhood; the prevention, detection and management of STDs, including HIV/AIDS; the prevention of induced abortions; and the prevention of infertility and of female genital mutilation. Other important achievements of previous UNFPA programmes include the introduction of family life and population education in primary and secondary schools and the definition of nine specific reproductive health, including family planning and sexual health, training modules to be integrated into medical curricula. The Fund also furnished support for the design of the Family and Persons Code submitted in October 1996 to the National Assembly that will constitute an essential legal framework for the protection of women's rights, including their reproductive rights.

Other external assistance

12. The European Union is providing important assistance to the 1994-1998 National Programme for Health Development. The German Gesellschaft für Technische Zusammenarbeit (GTZ) has opened and is supporting a centre for information on youth sexual health located in Bangui. The United States Agency for International Development (USAID) is providing considerable assistance

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in support of the maternal and child survival programme and partially funded the 1994/1995 demographic and health survey. UNICEF supports MCH/FP, immunization, potable water supply, sanitation, nutrition and iodization programmes while the World Health Organization (WHO) assists the Safe Motherhood and AIDS prevention programmes. The World Bank strongly supports the education and health sectors and institutional capacity-building for women's empowerment. Japan provides drugs and supports AIDS prevention activities and the water supply programme. French Cooperation provides medical doctors, equipment and drugs. The national affiliate of the International Planned Parenthood Federation (IPPF), is carrying out reproductive health activities mainly in the capital city and in Bambari where it has opened a family planning clinic with UNFPA support. Population Services International supports the social marketing of condoms.

Proposed programme

13. UNFPA intends to maximize the utilization of its limited resources in the important reproductive health sector where it can have the greatest impact. The Fund is the main provider of support for family planning and is prepared to help broaden traditional MCH/FP services to encompass the country's main reproductive health concerns. UNFPA will also provide limited assistance to the Government for the population and development and advocacy sectors to help shape a national consensus on the empowerment of women and to provide the requisite socio-political environment for the successful implementation of the reproductive health programme.

14. The operationalization of the new concept of reproductive health still requires making a complete assessment of the health network, restoring and equipping some health facilities, training health personnel and conducting research on youth reproductive health behaviour. To avoid delays, it is essential to reinforce coordination and evaluation mechanisms and to decentralize the implementation of the proposed programme. In particular, the coordination of the population policy formulation and related activities needs to be undertaken through an institutional framework that has real coordination authority. For the reproductive health component, UNFPA would give direct support to NGOs, district hospitals and the Faculty of Medicine, all of which have motivated and committed professional staff.

15. Reproductive health. The National Programme for Health Development adopted in 1993 sets specific targets to be reached by 1998: reduce maternal mortality to 400 per 100,000 live births, decrease infant mortality by 10 per cent, reduce the prevalence of infertility from 26 per cent to 10 per cent of women and increase in the contraceptive prevalence rate from 3 to 10 per cent. UNFPA's main objectives in assisting the country reach those goals will be to expand the integrated MCH/FP services currently being delivered in 40 urban health units (16 hospitals and 24 health centres) to encompass a range of basic reproductive health services and to extend the provision of this package to an additional 74 urban health units (16 hospitals and 58 health centres). The programme would continue to provide support to 304 rural health centres providing traditional MCH/FP services. The

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Fund will also help the Government expand and improve adolescent reproductive health services and support efforts to screen for and manage STDs, including HIV/AIDS and infertility, and to help educate the population about the risks of STDs.

16. The programme will focus on urban areas, where there is sufficient staff necessary for operationalizing the comprehensive reproductive health approach, with continued support to those rural health units offering MCH/FP services. The essential programme strategies will involve teaching reproductive health to present and future health care providers and providing necessary equipment to health facilities. Reproductive health programme implementation will be decentralized by relying on district hospitals and specialized institutions to expand reproductive health services, limiting the role of the central administration to monitoring and evaluation. The programme will seek to raise public awareness of the reproductive health concept, of the usefulness of family planning and, especially, of the use of condoms for family health and well-being and for arresting the spread of infertility. It will provide, through existing centres, youth counselling and reproductive health services for young people. In addition, it will promote women's rights and men's awareness of shared responsibility in reproductive health, while seeking to change male attitudes towards family planning.

17. The proposed programme would help the Government to assess and rehabilitate the health services system and provide urban health facilities and youth centres with contraceptives (including condoms), other essential drugs for the treatment of STDs along with a minimum of reproductive health equipment and logistics. It will help renovate 58 health centres. The proposed programme would also introduce specific reproductive health modules into professional medical curricula; instruct a national pool of trainers in reproductive health delivery and management; and organize in-service training for service providers in reproductive health delivery and IEC (with a particular emphasis on the issue of female genital mutilation). It will upgrade the programme management capacity of the reproductive health personnel of the Ministry of Public Health and of involved NGOs. UNFPA will also provide essential equipment to the communications institutions involved in awareness campaigns.

18. Population and development strategies. The proposed programme will help to strengthen national capacity to finalize and adopt a national population policy as an essential legal framework for all population activities. The programme will assist the Government in building a consensus among officials, parliamentarians, members of the civil society, religious and trade unions leaders on the population policy formulation process and approval. It will also assist in the coordination of the policy and related action programmes, once adopted, and support the adoption of a revised policy for the promotion of women in order to integrate the relevant provisions of the ICPD Programme of Action and the Platform for Action of the Fourth World Conference on Women.

19. To improve knowledge about population issues, UNFPA will contribute to the 1998 population census and the demographic and health survey planned for the year 2000 through technical assistance, mobilization of resources, and the analysis and utilization of data. To assist capacity-

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building and infrastructure development, the proposed programme will support the creation and operationalization of the National Population Commission and the associated entities needed to coordinate the implementation of the population policy. UNFPA will support in-service training of staff from NGOs and the Ministries of Planning, Health, Education and the Promotion of Women in population and development and in IEC. It will also support the training of teachers (3,000 at the primary level and 600 at the secondary level) in family life education between 1997 and the year 2000.

20. Advocacy. The proposed programme will assist in building a national consensus on the interrelationship between population and reproductive health and the development process. It will encourage a consensus among government officials, high-ranking civil servants, decision makers, and religious and trade union leaders on the essential concept of empowering women. The programme will give support to NGOs and to the Ministries for the Promotion of Women and of National Solidarity to advocate for the empowerment of women and for the adoption of a revised national policy for women's promotion and of a national population policy. UNFPA will provide technical assistance, equipment and training in IEC and gender issues to strengthen the technical and managerial capacities of the national staffs involved in the development of these policies. It will also support women's organizations that inform and educate women and female adolescents on their constitutional rights and on the issue of female genital mutilation.

Programme implementation, monitoring, evaluation and coordination

21. The Ministry of Economy, Planning and International Cooperation will coordinate activities under the proposed programme. One of its divisions is working to ensure the elaboration and monitoring of the national population programme, of which certain components, such as family life and population education, would be implemented by the concerned line ministries. The UNFPA local office will assist in coordinating the activities of cooperating agencies in primary health care as they work together to reduce the high infant and maternal mortality rates and the high prevalence of infertility. UNFPA intervention will focus on activities to promote reproductive health services in coordination with the UNICEF primary health care programme. An evaluation mechanism will be set up to review the programme at mid-cycle in late 1999 or early 2000.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for the Central African Republic as presented, in the amount of \$5.5 million over the period 1997-2001, \$5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$500,000 would be provided from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Eritrea

Proposed UNFPA assistance. \$6.8 million, \$4.8 million from regular resources and \$2.0 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: First

Category per decision 96/15. A

Proposed assistance by core programme areas (in millions of \$)

	Regular resources	Other	Total
Reproductive health	2.8	1.0	3.8
Population & development strategies	2.0	1.0	3.0
Total	4.8	2.0	6.8

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INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	14	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	4	≥ 55
Access to basic health services (%) ³	46	≥ 60
Infant mortality rate (/1000) ⁴	119	≤ 50
Maternal mortality rate (/100,000) ⁵	560	≤ 100
Gross female enrolment rate at primary level (%) ⁶	17.9	≥ 75
Adult female literacy rate (%) ⁷	6.70	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*

Demographic Facts

Population (000) in 1995	3,531	Annual population growth rate (%)	2.6
Population in year 2000 (000)	4,025	Urban	4.7
Sex ratio (/100 females)	98.5	Rural	2.2
Per cent urban	17.2	Crude birth rate (/1000)	39.9
Age distribution (%)		Crude death rate (/1000)	13.4
Ages 0-14	44.0	Net migration rate (/1000)	-0.3
Youth (15-24)	19.0	Total fertility rate (woman)	5.34
Ages 60+	4.8	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.8	Males	51.4
Median age (years)	17.9	Females	54.6
Population density (/sq. km.)	30	Both sexes	52.9
		GNP per capita (U.S. dollars, 1994)	100

Sources. Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data, are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Eritrea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$6.8 million, of which \$4.8 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$2.0 million from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed four-year programme would be UNFPA's first cycle of assistance to Eritrea.

2. The proposed programme takes into account the harmonized programme cycles and relevant programme documents of members of the Joint Consultative Group on Policy (UNDP and UNICEF) and the World Health Organization (WHO) as well as those of other international and bilateral development partners. It also acknowledges the contributions of non-governmental organizations (NGOs) as well as bilateral and multilateral organizations in the fields of population, reproductive health, gender and development. The programme was prepared in collaboration with national authorities following a programme review and strategy development (PRSD) process that culminated in a mission to Eritrea in October 1996. It supports the Government's overall goals in population and development as reflected in numerous policy documents, including the Macroeconomic Policy (1994), the National Health Policy (1993), the Primary Health Care Policy Guidelines (1996) and the National AIDS Control Strategy (1995). The programme also reflects the lessons learned from prior UNFPA activities in the country.

3. One of the programme's immediate aims would be to assist with the completion of the first-ever national census and the creation of a national population statistics system. The Government has identified the census as a top priority, given the nation's urgent need for baseline information for development planning purposes. The programme would also aim to help the Government achieve the following national objectives: reducing, by the year 2000, maternal mortality to 400 deaths per 100,000 births; reducing child mortality to 100 deaths per 1,000 live births; and reducing unsafe and unwanted pregnancies by doubling access to reproductive health, including family planning and sexual health, information and services and by increasing the contraceptive prevalence rate from the current 4 per cent for modern methods to 15 per cent. The programme would also support the Government's efforts to improve the overall reproductive health status of Eritreans, especially that of youth and adolescents, in part by reducing the transmission of sexually transmitted diseases (STDs), including HIV/AIDS. Finally, the programme would support the Government's goal of promoting gender equity and equality and the empowerment of Eritrean women and girls.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be carried out in accordance with the principles, objectives and provisions of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

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Background

5. Eritrea, a Group "A" country under UNFPA's new approach for resource allocation, is one of the world's poorest nations, having endured nearly three decades of war before gaining its Independence in the early 1990s. It has an estimated per capita income of only about \$100 a year, and approximately 80 per cent of its adult population is illiterate. The health status of Eritreans is characterized by high morbidity and mortality, with especially high maternal mortality. Factors responsible for the high maternal mortality rate include the unavailability of emergency obstetric care, a lack of awareness of danger signs, the low proportion of attended deliveries (only 14 per cent of women have any trained delivery assistance), and the low quality and coverage of basic health services (only 46 per cent of the country's 2,365 villages have "reasonable" access to health facilities). Moreover, there is poor vaccination coverage (only one-third of women have received tetanus toxoid immunization) and an increasing prevalence of STDs, including HIV/AIDS. Virtually no demographic data collection or analysis occurred during the war; current estimates of the total population range from 2.5 to 4 million.

6. Despite the prominent role that women played in the nation's liberation struggle, the status of most women remains low. Traditional society, both rural and urban, Christian and Muslim, is strongly patriarchal. Gender roles are strictly defined, and female genital mutilation is nearly universal. The Government has, however, taken steps to promote equality in such areas as education, political participation, land inheritance and ownership, divorce rights and reproductive rights. Its efforts are having some effect: the enrolment rate of girls in school has improved dramatically since Independence, for example, and recent reports indicate that it is now approaching that of boys at the primary level. The draft Constitution, which is to be presented to a January 1997 constituent assembly, is specific in its promulgation of women's rights.

Previous UNFPA assistance

7. To date, UNFPA assistance to Eritrea has been essentially ad hoc, responding to governmental and NGO needs as they have evolved. Since 1993, UNFPA has provided assistance for: mother and child health/family planning (MCH/FP), family life education in the organized sector, analysis of voters' registration data, adolescent reproductive health, reproductive health outreach in the women's union and, most recently, cartographic preparations for the upcoming census. It is estimated that by the end of 1996, total UNFPA expenditures in the country will have reached \$2.2 million. UNFPA assistance has contributed to a rapid increase in awareness among officials and the general public about reproductive health issues, helping to build strong support for reproductive health policies and programme planning within the Ministry of Health, the Women's Union and the country's youth association.

8. One of the major lessons learned from UNFPA's activities in Eritrea is that in countries where there are acute shortages of institutional capacity and skilled human resources, there is a need to provide project management support under project budgets, rather than depending entirely on the scarce human resources in Government ministries for day-to-day execution. In Eritrea, such shortages in the Ministry of Health and the National Statistics Office hampered project implementation in instances where no such budgetary support had been provided.

9. Another lesson learned is that efforts to increase public awareness of reproductive health issues should be accompanied by parallel efforts aimed at meeting any resulting increases in the demand for services. In Eritrea, information, education and communication (IEC) activities helped activate a latent demand for reproductive health services that outstripped the health sector's ability to provide them. To meet this demand, there was a need for additional basic equipment, a consistent source of contraceptives and supplies, and in-service training of health workers to upgrade their skills and knowledge.

10. The experience of the past three years also highlighted the benefits of multisectoral coordination of activities. In Eritrea, such coordination was time-consuming, partly due to the newness of government structures. But the time was well spent, because the result was a synergistic effect that greatly improved project outcomes. There is a need to build upon the relationships already established between the counterpart ministries involved in IEC efforts and to support even greater cooperation among them, and to improve the coordination of training and services among Ministry of Health and NGO service providers.

11. A final lesson relates to the importance of helping countries gain the information they need to address their population and development concerns. The war caused Eritreans to be isolated from the rest of the world for many years, which meant that the country's officials had not been exposed to updated knowledge in the reproductive health field or in techniques for demographic data collection and analysis. UNFPA assistance helped send a number of officials on observational trips abroad, enabling them to learn from the experiences of other countries. In addition, UNFPA's support for basic research on demographic and reproductive health-related topics proved invaluable in terms of contributing to the country's information base and for informing new policies and programmes.

Other external assistance

12. There are relatively few development partners in the population sector in Eritrea. The United States Agency for International Development (USAID), the Norwegian Agency for International Development (NORAD) and the Canadian International Development Agency (CIDA) have provided support for specific statistical and survey activities. CIDA is co-funding the census preparatory activities with UNFPA and has committed to multi-bilateral support and technical assistance for the

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upcoming census. The PRSD estimated that there has been less than \$3 million in total foreign assistance for the area of population and development strategies to date.

13. Although the health sector is supported by many partners -- including Italy, the European Union (EU), Israel, the German Gesellschaft für Technische Zusammenarbeit (GTZ), USAID, the Netherlands and Save the Children (United Kingdom) -- few donors have shown a specific interest in reproductive health. UNFPA has worked closely with UNICEF and WHO to coordinate activities, and the three have jointly sponsored a number of studies and a Safe Motherhood workshop. Thus far, UNICEF has primarily provided support for an expanded programme of immunization (EPI) and for primary health care services. WHO has provided support for health training and the development of a national AIDS control programme. USAID provides support for recently developed project activities in reproductive health and family planning training, service delivery and IEC in three provinces. UNFPA has worked closely with USAID in the design of project activities, particularly in the area of adolescent health, and the two co-sponsored a contraceptive logistics assessment. The International Planned Parenthood Federation (IPPF) provides support for the Planned Parenthood Association of Eritrea (PPAE), one of UNFPA's partners in reproductive health. The total amount of support for reproductive health from 1993 until 1999 is unlikely to exceed \$10 million, including UNFPA's contributions.

Proposed programme

14. The proposed programme is based on an assessment of UNFPA's comparative advantages and the current support for population and development strategies and reproductive health by other partners. Specifically, the selection of two focus provinces for targeted reproductive health service delivery support has been based on consideration of other partner inputs into reproductive health and other health activities in the remaining provinces. The support for the census and statistical development is based on the strategic importance of these activities for all aspects of development, the limited assistance provided by others to this sector and UNFPA's long-term expertise and strengths in this area.

15. Reproductive health. The proposed programme would address a number of pressing concerns in the area of reproductive health, including: maternal morbidity resulting from poor access to essential obstetric care, the prevalence of high-risk pregnancies and lack of individual and community-level knowledge of pregnancy-related danger signs; the low utilization of family planning services due to poor access and quality of care; and the increasing rates of STDs, including HIV/AIDS, due primarily to weak IEC preventive efforts. Giving women the tools and services they need to take charge of their reproductive health is one way the Government aims to enhance their status.

16. Although some support will be provided for capacity-building at the national level, most of the technical and material support will be provided for interventions in two regions, namely the

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Northern Red Sea and the Southern Red Sea, which are particularly disadvantaged in terms of reproductive health status and service delivery. They have the highest levels of maternal mortality (over 1,200 deaths per 100,000 births), the lowest EPI coverage rates (12 per cent for tetanus toxoid), the highest urban incidence of STDs and AIDS, and very limited access to reproductive health IEC materials, particularly in local languages.

17. The specific objectives of UNFPA's programme will be: to ensure access to appropriate levels of reproductive health information, counselling and services in all 38 health facilities in the two focus regions; to increase availability of community-based services throughout the two targeted regions; to improve the access of adolescents to appropriate reproductive health information, counselling and services through support for four National Union of Eritrean Youth and Students health centres and the provision of adolescent-friendly services in all hospitals and health centres in the two regions; and to increase knowledge about and improve attitudes toward reproductive health, family planning and Safe Motherhood among women, men and youth at the national and focus region levels.

18. The programme's strategies would include: providing support for in-service training in essential obstetric care, family planning and STD management for nurses, midwives, health assistants, community health workers and traditional birth attendants in the two target regions; the provision of basic equipment and supplies, including transport for all health centres and for selected health stations; and support for a coordinated set of reproductive health IEC activities, including multisectoral efforts across ministries and NGOs. Assistance will be continued for reproductive health training in the national training institutes and for capacity building in IEC across ministries, including message development, audience targeting and materials production. Support for the model youth reproductive health centre in Asmara would be continued, and a project review will help determine how this programme can best be extended to the focus provinces. Provision of a proportion of national contraceptive needs will continue, and an initial procurement of condoms would be earmarked for the newly established social marketing programme, which is to be initiated in the two focus regions and the capital. The programme would also support the development of a contraceptive logistics management system at the Ministry of Health. UNFPA would provide support for mass media campaigns for the Safe Motherhood Initiative and the National AIDS Control Programme and would assist in developing reproductive health-related IEC materials in local languages.

19. The programme would support data collection efforts in the area of reproductive health. It would, for example, assist with the staging of a baseline survey of health services in the two focus regions in order to establish a project evaluation mechanism. It would also assist with a knowledge, attitudes and practices (KAP) survey of users of maternal and child health services with the aim of obtaining information needed to improve the quality of care and to provide guidelines for refresher training of health staff. Support will also be provided for studies of traditional practices -- including female genital mutilation -- and beliefs that affect the health and status of women. These studies, to

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be carried out among the three major ethnic groups in the two focus regions, will guide the development of culturally appropriate IEC support activities. A KAP study conducted in the national service camps and targeted focus group studies on youth reproductive health issues would continue the Fund's efforts to improve adolescent reproductive health.

20. Population and development strategies. Because Eritrea lacks even basic demographic data, activities in the area of population and development strategies would focus on increasing the availability of such data and its systematic utilization in development planning. To this end, UNFPA will provide technical and material assistance for conducting the 1997 census and the dissemination and utilization of its results. The Fund will also provide support for the analysis of population and development interactions in health, education, housing, employment and environmental planning. To help Eritrea develop a national statistical system, the Fund will strengthen the National Statistics Office's technical and managerial capacities through training and the provision of basic equipment. Support will also be provided to the six newly established zonal statistical offices through short-term training and the provision of equipment and supplies. Limited support would be provided for demographic training and for short-term training in the use of demographic data for planning by selected ministries, such as Labour and Human Welfare, Education, Health and Local Government.

21. UNFPA will also support IEC efforts aimed at sensitizing the public and officials regarding the purposes and uses of the census. UNFPA has a comparative advantage in this undertaking because of its previous success in increasing Eritreans' awareness of population-related issues. UNFPA will, for example, assist in the development of informational materials on the census in local languages for media use. National and regional workshops on the use of demographic data will be held for planners and other officials. Because many officials are not fully aware of the links between population and development, RAPID-type models will be used to indicate specific interactions. UNFPA will continue to provide information on population and development for inclusion in curricula in the formal and non-formal educational sectors and for the organized employment sector.

Implementation, monitoring, evaluation and coordination

22. The Office of Macropolicy and International Economic Cooperation in the President's Office is responsible for overall coordination of externally-assisted programmes. For the coordination of census activities and other statistical system inputs, the National Statistics Office, in conjunction with the multisectoral Census Commission, will work closely with the Statistics Theme Group of the United Nations. In the area of reproductive health, the Ministry of Health will take the lead in coordinating activities and inputs through three existing multisectoral committees (which include donor representatives) -- the Safe Motherhood Committee, the Integrated IEC Committee and the National AIDS Control Technical Committee. In addition, UNAIDS will help coordinate United Nations inputs in the area of HIV/AIDS. In particular, closer collaboration and coordination will be sought with WHO, UNICEF and UNAIDS for implementation of the reproductive health programme

and with UNDP and UNICEF in statistical development. Outside of the United Nations system, collaboration will be strengthened with USAID in such areas as contraceptive logistics and procurement, and training of health personnel and with two international NGOs, Redd Barna of Norway and Rädda Barnen of Sweden, in support of adolescent health. Collaboration with CIDA will also be intensified under the multi-bilateral funding arrangement for support of the 1997 census.

23. The programme will emphasize national execution through a carefully prepared implementation plan. The Country Support Team based in Addis Ababa, Ethiopia, will provide assistance to the UNFPA country office in the area of project design and in providing necessary technical support. Monitoring and evaluation will be carried out in accordance with standard UNFPA guidelines, which include annual project progress reports leading to tripartite review meetings. Semi-annual country reports will be shared with headquarters and the Country Support Team, and technical backstopping plans will be provided to the Country Support Team and headquarters in accordance with established procedures. To enhance coordination, the staff of UNFPA-funded activities will participate in reviews of all UNFPA and related programme activities. UNFPA programme counterparts will meet on a monthly basis to review progress, work plans and budgets. A mid-term country programme review will be scheduled for 1998.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme of assistance for Eritrea as presented, in the amount of \$6.8 million over the period 1997-2000, \$4.8 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available. The balance of \$2.0 million would be sought from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Lebanon

Proposed UNFPA assistance: \$3.5 million, \$2.5 million from regular resources and \$1 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: First

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.3	0.7	3.0
Population & development strategies	0.2	0.3	0.5
Total	2.5	1.0	3.5

LEBANON

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	45.0	≥60
Contraceptive prevalence rate (15-44) (%) ²	60.0	≥55
Access to basic health services (%) ³	95.0	≥60
Infant mortality rate (/1000) ⁴	34.0	≤50
Maternal mortality rate (/100,000) ⁵	260.0	≤100
Gross female enrolment rate at primary level (%) ⁶	90.3	≥75
Adult female literacy rate(%) ⁷	89.0	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	3,009	Annual population growth rate (%)	1.8
Population in year 2000 (000)	3,289	Urban	2.3
Sex ratio (/100 females)	95.1	Rural	-2.2
Per cent urban	87.2	Crude birth rate (/1000)	24.2
Age distribution (%)		Crude death rate (/1000)	6.4
Ages 0-14	34.1	Net migration rate (/1000)	0.0
Youth (15-24)	20.0	Total fertility rate (woman)	2.75
Ages 60+	8.3	Life expectancy at birth (years)	
Percentage of women aged 15-49	52.6	Males	68.1
Median age (years)	23.0	Females	71.7
Population density (/sq. km.)	289	Both sexes	69.9
		GNP per capita (U.S. dollars, 1994)	990

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme for five years over the period 1997-2001 to assist the Government of Lebanon to rebuild its technical capabilities in the areas of population and reproductive health in the aftermath of 16 years of conflict. UNFPA proposes to fund the programme in the amount of \$3.5 million, \$2.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$1 million from multi-bilateral and/or other resources (including government trust funds) to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's first cycle of assistance to Lebanon.
2. The proposed programme was developed, in full cooperation with the Government and national non-governmental organizations (NGOs), on the basis of a programme review and strategy development (PRSD) mission that visited Lebanon in August/September 1996. The proposed programme is consistent with national policies and announced orientations. In addition, it takes into account the roles and resources of United Nations partner agencies and other donors, governmental and non-governmental, and the private sector in the area of population. Under the overall objective of sustainable human development, it has been agreed that the UNFPA programme would complement the efforts of UNICEF and the World Health Organization (WHO) in the area of primary health care, particularly Safe Motherhood and HIV/AIDS prevention, as well as UNDP's programme in poverty alleviation.
3. Lebanon is classified a category "B" country under UNFPA's new approach for resource allocation. However, due to the 16 years of war that resulted in the destruction of infrastructure and loss of qualified staff, the urgent need for a population programme is evident. The proposed programme would assist the Government in strengthening its post-conflict human development efforts and in achieving its reproductive health goals by the year 2001. The proposed programme follows the consensus between the Government and the donor community that the priority is to address the immediate requirements of vulnerable groups of the population while addressing the middle-term social development needs of the country. The Government is also committed to providing resources for the proposed programme although no definite figure can be given yet.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Lebanon's population is estimated at 3.1 million, not including Palestinian refugees. The nation emerged from long years of civil strife with its economy and infrastructure destroyed, about one third of its people internally displaced and some 300,000 severely injured, half of whom are

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disabled for life. Displaced people together with populations of the North, Ba'albak, Hermel and the South have little or no access to basic health, education and other social services, and the Government has asked for external assistance in addressing their needs.

6. Women are almost absent from political structures in Lebanon. Only since 1992 have they become members of Parliament and now occupy a mere 3 out of 128 seats. Also, while women's access to economic resources and credit is limited, there is an increasing burden on them, as 14 per cent of all households are headed by women. A gender gap is also evident in women's participation in the labour force, which is estimated at only 18 per cent.

7. The nation's total fertility rate is estimated by national sources at 2.5 children per woman (United Nations estimates are slightly over 2.75 children per woman). Marital fertility however is over double the overall rate, and wide variations exist between regions and according to the educational attainment of women. Currently, 61 per cent of married women use contraception. However, 39 per cent of these employ traditional methods. The most common modern method is the intra-uterine device (IUD) at 28.0 per cent, followed by the pill (16.7 per cent), and condoms (9.2 per cent). Surgical female sterilization accounts for 6.9 per cent. Maternal mortality is very high: United Nations estimates are as high as 260 per 100,000 live births, but the Government's lower figure of 128 per 100,000 may reflect the country's more stable conditions. It should be noted that prior to 1993, family planning services were not provided by the Ministry of Public Health but by the private sector and the Lebanese Family Planning Association. With UNFPA assistance, however, family planning services are now being offered at 63 out of the 260 primary health care centres. Despite a relatively high number of medical doctors and nurse-midwives, their level of training and their distribution remains uneven.

Previous UNFPA assistance

8. In the past, UNFPA had no established programme of assistance for Lebanon but was requested by the Government to initiate activities in the country to help rebuild its human and physical infrastructure after the years of conflict. In response, UNFPA supported several key projects including the first large-scale population data collection in Lebanon since 1932; the training of nurse-midwives; information, education and communication (IEC) activities in support of population activities; population policy development; provision of maternal and child health and family planning (MCH/FP) services; and reproductive health activities for the internally displaced populations, including returnees. This assistance proved most relevant in two areas. The MCH/FP project with the Ministry of Public Health contributed to the inclusion of family planning in the primary health care system, as noted above, and paved the way for expanding the scope of services to include other components of reproductive health, which will take place under the proposed programme. Also, the results of the UNFPA-assisted population and housing survey have proven influential in increasing recognition of the need for social development planning.

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9. Lebanon's Government has strong political commitment to population activities. In addition, the Prime Minister has committed his Government to putting a social development agenda at the top of its priority list. Nevertheless, several constraints still need to be addressed, including the absence of officially approved goals in the social agenda; a dearth of population data; gaps in population know-how and technical expertise, especially in the area of reproductive health; and the need for removing all barriers currently restricting access to reproductive health, including family planning and sexual health, services. There is also the need for more policy dialogue with a view to developing explicit population policy goals.

Other external assistance

10. Currently, UNFPA and the International Planned Parenthood Federation (IPPF) are the only donors in the area of population in Lebanon. The emphasis of the World Bank and of bilateral donors has been geared toward the reconstruction of the nation's devastated infrastructure. The social development agenda component of Vision 2000, the Government's planning programme, for example, is to rebuild schools, hospitals, clinics and the like. WHO and UNICEF are supporting the provision of primary health care services. However, the primary health care strategy developed by the Government with the assistance of WHO did not incorporate reproductive health. UNFPA helped the Government address this shortcoming in 1995 by expanding the primary health care strategy to include family planning and the prevention and management of sexually transmitted diseases (STDs), including HIV/AIDS. UNFPA is taking the lead in assisting the Government to coordinate population activities in general and reproductive health in particular.

Proposed programme

11. The Government of Lebanon has set a number of national reproductive health goals for the year 2001. These include reducing the current level of maternal mortality to 64 per 100,000 live births, lowering the infant mortality rate to under 24 per 1,000 live births and under-five mortality to below 30 per 1,000 live births, and reducing the total fertility rate from 2.5 to 2.2 children per woman. It seeks to increase the use of modern contraceptive methods to 47 per cent while at the same time increasing contraceptive choice to men and women. A further objective is to raise the proportion of medically attended deliveries to 90 per cent and to reduce the prevalence of STDs, including HIV/AIDS. UNFPA's proposed programme would assist in meeting these goals by improving access to quality reproductive health services and information for those people living in certain underserved areas of the country.

12. The focus of the proposed UNFPA programme is, therefore, on reproductive health, including family planning and sexual health. Limited support would be provided to assist the Government finalize the analysis of the population data and the population policy activities already in progress. The proposed programme aims at integrating the full range of quality reproductive health, including

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family planning and sexual health, services and IEC in government and NGO clinics at the primary health care level and strengthening referral at the secondary health care level to help reduce maternal mortality and morbidity and increase the use of modern contraceptives. It would also strengthen national capacity for reproductive health programme development, management, monitoring and evaluation.

13. In order to achieve the first objective, UNFPA would assist the Ministry of Health in the development of a national strategy and master plan of action for the full integration of reproductive health components into the primary health care system. The master plan would be based on the findings of research to be conducted under the proposed programme and would include identification of appropriate ways that services and activities could be expanded incrementally on the basis of national priorities. Reproductive health would be integrated into the clinics of the Ministry of Health, Social Service Centres of the Ministry of Social Affairs and the Lebanese Family Planning Association in underserved areas, including those of the internally displaced populations and returnees in Mount Lebanon, the North, Ba'albak, Hermel and the South. These geographical areas were selected because their infant mortality and maternal mortality and morbidity rates are higher than national averages while their contraceptive prevalence rates are lower. By focusing on these areas, the programme would contribute to bridging the gaps between regions and population groups in terms of accessibility to reproductive health care. Emphasis in provision of reproductive health services would be placed on family planning, the prevention and management of STDs, including HIV/AIDS, Safe Motherhood, and youth and adolescent reproductive health.

14. As part of these efforts to help integrate reproductive health into the primary health care system, UNFPA would provide support to: (a) develop human resource capabilities through training of various categories of service providers at the pre-service and in service levels both in clinical aspects of reproductive health as well as in counselling and interpersonal communication; (b) provide basic medical equipment, supplies and contraceptives; (c) establish an effective logistics system; (d) conduct IEC activities aimed at both men and women of pertinent segments of the population, particularly youth and adolescents. IEC activities would focus on increasing the use of modern contraceptives, promoting male responsible sexual behaviour and supporting women's reproductive health and reproductive rights.

15. In order to strengthen national management capacities, training would be provided for reproductive health managers and other pertinent staff of the Ministry of Health and NGOs in programme design, management, coordination, monitoring, supervision and evaluation. Support would be channeled for research on maternal morbidity, sociocultural aspects of reproductive health and youth sexuality and the analysis of the PAPCHILD survey. Assistance would be extended to the Ministry of Public Health to incorporate reproductive health service statistics and quality data, including client satisfaction and perception of quality of care, into the existing health information system. This would help to develop benchmark indicators to monitor and assess the impact of the

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proposed programme. In order to ensure sustainability, the proposed programme would also support NGOs and the Government in undertaking operations research, including on such matters as the feasibility of cost containment and cost recovery systems.

16. In line with the PRSD recommendations, a limited amount of support will be provided to the Permanent National Population Committee and its technical secretariat so that it can finalize the national population policy and its plan of action, which will include quantitative and qualitative goals that are related, among other things, to reproductive health. The PRSD also recommended providing modest support for the analysis of the population and housing data to help establish indicators to monitor implementation of population policies and programmes.

Implementation, monitoring, evaluation and coordination

17. In order to cement national ownership of the proposed programme, national execution will be considered as much as capacity allows without compromising expected impact. WHO, in close coordination with UNFPA, would execute components of the reproductive health programme. Execution by international NGOs will also be considered on the basis of comparative advantage. All activities will be implemented by the Government and national NGOs, tapping national expertise where available. Technical backstopping will be provided by the Country Support Team based in Amman, Jordan. South-South cooperation as well as cooperation with regional projects such as PAPCHILD and Al-Azhar University will form an important source for improving the technical capabilities of Lebanese nationals.

18. Established UNFPA procedures and guidelines for the monitoring and evaluation of the programme will be followed. All of the programme's activities will incorporate quantitative and qualitative goals. Progress achieved by these projects will be assessed through continuous measurement of selected indicators indicated in the ICPD Programme of Action. The programme will be subject to annual reviews and to a mid-term review in May 1999.

Recommendation

19. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Lebanon, as outlined above, in the amount of \$3.5 million, \$2.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Peru

Proposed UNFPA assistance: \$15 million, \$9.5 million from regular resources and \$5.5 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fifth

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.5	5.5	12.0
Population & development strategies	2.5	-	2.5
Advocacy	0.5	-	0.5
<i>Total</i>	9.5	5.5	15.0

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INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	52.0	≥60
Contraceptive prevalence rate (15-44) (%) ²	59.0	≥55
Access to basic health services (%) ³	75.0	≥60
Infant mortality rate (/1000) ⁴	64.0	≤50
Maternal mortality rate (/100,000) ⁵	300.0	≤100
Gross female enrolment rate at primary level (%) ⁶	100.0	≥75
Adult female literacy rate (%) ⁷	80.9	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994*, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	23,780	Annual population growth rate (%)	1.9
Population in year 2000 (000)	26,082	Urban	2.5
Sex ratio (/100 females)	101.3	Rural	0.1
Per cent urban	72.2	Crude birth rate (/1000)	25.7
Age distribution (%)		Crude death rate (/1000)	6.5
Ages 0-14	35.1	Net migration rate (/1000)	-0.6
Youth (15-24)	20.7	Total fertility rate (woman)	3.11
Ages 60+	6.4	Life expectancy at birth (years)	
Percentage of women aged 15-49	52.0	Males	65.5
Median age (years)	22.0	Females	69.4
Population density (/sq. km.)	19	Both sexes	67.4
		GNP per capita (U.S. dollars, 1994)	1,890

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Peru to achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$15 million, of which \$9.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$5.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This is UNFPA's fifth cycle of assistance to Peru.

2. The proposed programme was developed, in full cooperation with the Government, taking into account the recommendations of a programme review and strategy development (PRSD) mission conducted in May/June 1996. The proposed programme seeks to improve the quality of and access to reproductive health, including family planning and sexual health, services in the country by focusing assistance to reproductive health programmes in selected geographical areas that have been identified by the Government on the basis of poverty indicators and unmet reproductive health needs.

3. The proposed programme aims at reducing Peru's inequities in access to and quality of reproductive health services and reducing unwanted pregnancies and abortion among Peruvian adolescents by promoting responsible behaviour and access to services. It also seeks to strengthen Peru's capacity to integrate population factors into the design and implementation of poverty alleviation programmes and to improve the self-reliance of the country's Regional Population Councils. Further objectives include consolidation of political support for reproductive health and gender programmes in regional governments and to mobilize support at the community level for quality reproductive health services.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. For more than a decade, Peru was wracked by political violence, massive displacement of population and paralysis of economic activities in large areas of the country, particularly in the Andean mountain regions. Conditions have somewhat stabilized in recent years, but even with economic growth rates of about 7 per cent annually over the past four years, the economy has recovered only to a level comparable to that of 1980. A 1993 census showed that 56.8 per cent of the country's population lives in poverty and that over 90 per cent of the rural population lives in extreme poverty, unable to satisfy basic needs.

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6. Peru is classified a "B" category country according to UNFPA's new approach for resource allocation, having met five of the indicators related to ICPD goals. However, the overall indicators disguise the fact that Peru is characterized by wide polarities in its demographic and reproductive health indicators. Maternal mortality rates are 50 per cent higher in rural areas than the national average, while the infant mortality rate is four times greater in certain remote regions (Grau and Apurimac) than it is in the metropolitan area of Lima and Callao. Demographic and health surveys show that fertility is much higher than desired among women with no education, clearly suggesting lack of options for poor populations. The distribution of populations in extreme poverty is associated with the distribution of indigenous groups, and efforts to improve the supply and quality of reproductive health services must take account of the sociocultural background of these rural populations.

7. There is a high demand for the prevention of undesired pregnancies in Peru and a strong need for reliable long-term and permanent methods of contraception. It is estimated that about 270,000 unwanted pregnancies end in abortion every year. About 30 per cent of all hospital beds for gynaecological and obstetric services are occupied by patients for the treatment of complications of unsafe abortions. Observed inequalities reveal inadequate availability of quality reproductive health services to poor populations and adolescents. The Government has given high priority to promoting reproductive rights and services, believing that universal access to those services and to associated information, education and communication (IEC) is an essential component of the National Strategy for Poverty Alleviation.

Previous UNFPA assistance

8. The previous, fourth, country programme had as its main objective assisting the Government in implementing of the National Population Programme (NPP). The goals of the NPP were largely achieved: indeed, the NPP's goals for reducing national population growth and total fertility rates were exceeded as was the increase of the contraceptive prevalence rate. Under the UNFPA programme, 17 health subregions received technical assistance, training, medical equipment, contraceptives and IEC materials on reproductive health. Teaching guides for parents and teachers of secondary schools regarding gender issues, reproductive rights and reproductive health were officially launched by the President of the Republic himself in 1996. A National Programme for the Advancement of Women was developed with the active participation of non-governmental organizations (NGOs) and with UNFPA assistance.

9. One successful feature of the previous programme was the full involvement of national institutions and project teams in identification, formulation and implementation of programme activities, an approach which led to enhanced commitment. In addition, the decentralized development of IEC materials produced culturally-sensitive materials appropriate to the diversity of Peru. Decentralized implementation of reproductive health programmes by subregional health

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bureaux furthermore proved instrumental in building capacity at that level and reaching target populations more effectively.

10. In some subregions, programme management and substantive monitoring and evaluation are still weak, however, and it is clear that the central level must be further supported in its role of setting standards and monitoring compliance to norms and quality of services. At the same time, regions must be given more autonomy in the design and implementation of their specific projects. The proposed programme therefore will give special attention to better definition of indicators of "impact" and "process" to facilitate monitoring and evaluation, becoming integral aspects of programme implementation and evaluation. Decentralization will be further strengthened with programme management training, including in meeting financial and reporting requirements, as well as improved intersectoral coordination.

11. UNFPA has gained significant experience in Peru in working with adolescents to improve their reproductive health, including the development of monitoring and evaluation tools to assess results. This experience has been used by other donors in developing their own programmes. The Fund has also developed a comparative advantage in terms of integrating population issues into regional development plans and, under the proposed programme, will continue capacity-building activities to effectively integrate population and gender aspects into regional poverty alleviation efforts. UNFPA has developed model working relations with regional governments, Regional Population Councils (COREPOs) and regional health bureaux as well as with many of the country's NGOs working in the population field and for the empowerment of women.

Other external assistance

12. Development assistance in Peru comes from several multilateral lending institutions, such as the Inter-American Development Bank (IDB) and the World Bank, and with direct assistance from various United Nations agencies; their programmes provide varying degrees of support in the population and reproductive health areas. In 1992-1996, the IDB provided \$88 million for institutional reforms of the health sector. In 1996, the World Bank approved loans of \$35.7 million for the next three years for health, education and social development. UNICEF supports activities related to Safe Motherhood, including the provision of delivery kits, training of midwives and promotion of the rights of children and adolescents.

13. The United States Agency for International Development (USAID) allocated \$118.8 million in development assistance to Peru for 1997-2000, including substantial amounts in the areas of family planning, child survival and reproductive health. The British Overseas Development Administration (ODA) is providing assistance for family planning activities over the period 1994-1999 as well as providing \$1.8 million in multi-bilateral assistance to the UNFPA programme. The Japan International Cooperation Agency (JICA) supported the Ministry of Health with \$3.1 million for

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equipment and training in maternal and child health and family planning (MCH/FP) during the period 1989-1995. National NGOs implement many of the population activities assisted by bilateral development agencies. There are 42 national NGOs identified as being active in population and in gender activities in Peru and four international NGOs: Pathfinder International, The Population Council, CARE International and the International Planned Parenthood Federation (IPPF).

Proposed programme

14. The overall objective of the proposed programme is to assist the Government's implementation of the NPP in an effort to respond to unmet demand for reproductive health services, to advance gender equity and to promote responsible sexual behaviour among adolescents. The programme will also support the objectives of the national reproductive health programme to reduce the maternal mortality rate to 100 per 100,000 live births and perinatal mortality to 50 per cent of its 1995 level, as well as to expand the coverage of health services so that 80 per cent of the first referral centres offer obstetric services and essential neonatal care and 50 per cent of couples have access to modern family planning methods.

15. To accomplish these goals, the programme aims at strengthening institutions, particularly at the regional level, to enable them to efficiently target interventions and design and apply methodologies for effective evaluation and monitoring. In addition, the programme will strengthen management at the decentralized level while improving the central level's capacity for coordination and quality control. Full utilization of anthropological and cultural data will be encouraged, one aim of which is to improve the design of poverty alleviation programmes. Multi-source and multisectoral databases will be created and utilized to assist local governments and community organizations in conducting situation analyses and prioritizing population and development activities.

16. Reproductive health. UNFPA will support the Government's efforts to establish procedures to improve and monitor the quality of reproductive health and family planning services, particularly concerning the technical competence of service providers. The proposed programme aims to increase the quality and availability of and access to reproductive health services in communities most affected by poverty, reduce maternal mortality and levels of abortion, expand the choice of available contraceptives and improve access of adolescents to counselling and reproductive health services. The Fund will select priority geographical areas for its interventions according to such criteria as maternal mortality levels, contraceptive prevalence rates and the level of adolescent fertility. Further decentralization in the priority areas will be promoted by strengthening local institutions, giving special attention to creating conditions for long-term sustainability of reproductive health services and to identifying interventions of low cost and high impact. The Fund will help promote coordination of the activities of these institutions at the regional and local levels as well as the integration of programmes addressing family planning, maternal and perinatal health, adolescent health, detection

of gynaecological cancer and prevention of sexually transmitted diseases (STDs), including HIV/AIDS.

17. Population and development strategies. The technical capacity of key national and regional institutions will be strengthened in order to effectively link the implementation of the NPP with the National Poverty Alleviation Programme. Existing data sets will be integrated and appropriate methodologies employed to prioritize areas for social investments and to evaluate the feasibility of specific efforts regarding the return of displaced populations. In addition, existing data will be utilized at both the regional and local levels for the analysis of population issues related to priority themes such as reproductive health, women's status and needs, youth health and sexual education needs, male participation in family planning, demographic impact on the environment. The programme will also assist in the dissemination of these analyses to increase awareness and guide interventions.

18. Advocacy. The proposed programme will assist the Government in developing the National Advocacy Programme to raise awareness and commitment to reproductive rights, prevention of domestic violence, promotion of quality family planning services, gender equity, sexual education in schools, support to displaced populations, and research and dissemination of knowledge about linkages among population, environment and poverty alleviation. The programme will seek to strengthen and consolidate political support for reproductive health and gender programmes in regional governments and, secondly, to generate support at the community level for the promotion of quality reproductive health services and individual reproductive rights of clients. The implementation of the programme will be decentralized, with careful identification of partner organizations and definition of areas of responsibility. Wide consultation involving NGOs, especially those active in gender and population, and regional institutions will be the guiding principle in the formulation and implementation of the National Advocacy Programme.

Implementation, monitoring, evaluation and coordination

19. The programme will be nationally executed, with implementation largely decentralized, although some activities will be retained at the central level for greater efficacy. A Programme Management Committee (PMC) will be established to oversee implementation, monitoring and evaluation. The PMC will be coordinated by the Ministry for the Advancement of Women and Human Development with representatives of the Ministries of Health and Education and the Executive Secretariat for International Technical Cooperation of the Ministry of the Presidency and regional governments. Representatives of related programmes will also be invited, as appropriate, to participate in the PMC meetings to facilitate coordination. UNFPA maintains close and continuous contact with other external assistance agencies, exchanging information on the implementation of their respective programmes.

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20. The PMC will be supported by a national technical support team composed of national programme personnel and counterparts from concerned ministries. To strengthen monitoring and evaluation, quarterly financial reports will be submitted together with brief substantive reports on project implementation. Field monitoring visits will be conducted by the programme management at least twice a year for all projects.

21. Three sub-programmes in the areas of reproductive health, population and development strategies, and advocacy will be formulated with strong linkages among them and clearly defined coordinating mechanisms. There will be overall goals for each sub-programme and specific objectives assigned to participating agencies. The workplan of each executing agency will be defined with a view towards achieving maximum possible coordination with other executing agencies. Annual plans will be prepared and jointly adjusted to produce synergies of joint and/or synchronized interventions. Methodologies for the quantitative and qualitative measurement of progress and impact will be developed at the beginning of the programme. These monitoring and evaluation instruments will be reviewed at the Programme Management Committee meetings and adjusted in line with experience and changing programme needs.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for Peru as presented, in the amount of \$15 million over the period 1997-2001, \$9.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$5.5 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Dominican Republic

Proposed UNFPA assistance: \$5.5 million; \$4.5 million from regular resources and \$1.0 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Second

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	3.7	1.0	4.7
Population & development strategies	0.4	0	0.4
Advocacy	0.4	0	0.4
<i>Total</i>	4.5	1.0	5.5

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DOMINICAN REPUBLIC
INDICATORS RELATED TO ICPD GOALS*

		<u>Thresholds*</u>
Births attended by health professional (%) ¹	92.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	56.0	≥ 55
Access to basic health services (%) ³	80.0	≥ 60
Infant mortality rate (/1000) ⁴	42.0	≤ 50
Maternal mortality rate (/100,000) ⁵	300.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	89.1	≥ 75
Adult female literacy rate (%) ⁷	80.7	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	7,823	Annual population growth rate (%)	1.6
Population in year 2000 (000)	8,495	Urban	2.7
Sex ratio (/100 females)	103.4	Rural	-0.5
Per cent urban	64.6	Crude birth rate (/1000)	24.1
Age distribution (%)		Crude death rate (/1000)	5.3
Ages 0-14	35.1	Net migration rate (/1000)	-2.3
Youth (15-24)	19.9	Total fertility rate (woman)	2.80
Ages 60+	6.1	Life expectancy at birth (years)	
Percentage of women aged 15-49	52.8	Males	68.9
Median age (years)	22.4	Females	73.1
Population density (/sq. km.)	161	Both sexes	70.9
		GNP per capita (U.S. dollars, 1994)	1,320

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of the Dominican Republic achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$5.5 million, of which \$4.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$1 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with the Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the second programme of assistance for the Dominican Republic.
2. The proposed programme was developed in full cooperation with the Government, following a contraceptive supply and logistics study by UNFPA in 1995 and a programme review and strategy development mission (PRSD) that visited the Dominican Republic in October 1996. It is designed to be harmonized with the programme cycles of UNDP and UNICEF.
3. The proposed programme is designed to provide strategic advice to the Government for its population policies, reform plans and advocacy activities. The proposed programme will also work to strengthen the Government's capacity to improve reproductive health conditions nationally, including the short-term supply of contraceptives. The specific focus of the programme will be in providing technical and financial assistance to the reproductive health programmes in the country's two poorest health regions.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Under UNFPA's new resource allocation system, the Dominican Republic has been classified as a group "B" country. It meets the threshold levels for all the indicators outlined in Executive Board decision 96/15 except the one for maternal mortality, which is estimated to be three times the threshold level -- 300 per 100,000 live births. Since 1980, maternal mortality rates have followed a fluctuating negative trend. Twenty-five per cent of the maternal mortality rate is the result of toxemia and/or hypertension, with unsafe abortions accounting for 17 per cent, internal bleeding for 16 per cent and the remaining 41 per cent due to other direct and indirect obstetric causes. Given the fact that over 90 per cent of all births are attended by health professionals, the PRSD mission identified inadequate staff qualifications as the key factor in the high maternal mortality rate. The fact that one out of every five adolescent girls (ages 15-19) is either pregnant or already a mother and that the birth

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intervals for this age-group are 20 months and less very probably contributes to their disproportionately high maternal mortality rates in this age group.

6. Contraceptive prevalence is 56 per cent, with sterilizations representing over 60 per cent of all methods used, followed by the pill and the intra-uterine device (IUD). Sexual and domestic violence is estimated to be high, but their incidence remains largely unreported and unpunished. In 1995, the seroprevalence of HIV was estimated to be 3.4 per cent of the total population, and it is expected to reach 5 per cent by the year 2000. The predominant means of transmission of HIV is heterosexual with a faster infection rate being observed for women.

7. Although 30 per cent of households are headed by females, discrimination against women remains unaddressed in the legal system, and gender differences are established in the Constitution in such areas as inheritance, paternal authority, access to resources and credit. Women constitute 60 per cent of those people falling below the poverty line and who, by 1991, had reached 70 per cent of the overall population.

8. Significant disparities in fertility and mortality continue to exist between urban and rural areas: the total fertility rate, for example, was 4.4 children per woman in rural areas as compared to 2.8 in urban areas in 1991. These disparities also exist between regions. The poorest regions, the southwest and central west (Health Regions IV and VI), have total fertility rates of 6.5 and 6.8 and contraceptive prevalence rates of 43 per cent and 36 per cent, respectively. In these regions one out of every three adolescent girls is either pregnant or already a mother.

9. A new Government took office in the Dominican Republic in August 1996. The Government has announced its intention of increasing institutional capacity to carry out population and reproductive health programmes. However, it is faced with the results of the economic difficulties of the past decade, which saw a deepening external debt and declining levels of spending on social sectors, which in 1994 was 6.6 per cent of the gross national product (GNP). The new Government has thus made increased social expenditures one of its priorities. It has included in its political agenda the formulation of a national population policy, decentralization, the creation of a Ministry of Women and the development of a national action plan for women as well as the strengthening of public institutions, infrastructure, basic services and demographic databases at the central and regional levels.

UNFPA and other assistance to date

10. All donor assistance in the area of population has been based on sectoral activities, undertaken with limited global coordination. The PRSD mission concluded that this was partly due to the absence of a national population policy and partly due to the weak public sector institutions charged

with such coordination. Deteriorating public-sector health services have prompted the growth of the private health sector, to which many Dominicans go for their health services.

11. UNFPA started its first comprehensive population programme of assistance in 1991 in the total amount of \$6 million for a four-year period. Efforts were concentrated in the area of reproductive health. The United States Agency for International Development (USAID) remains the largest population donor in the country and continues to provide its assistance exclusively to NGOs working principally in urban areas, allocating approximately \$26 million over the period 1993-2000 in the area of population and about \$1.8 million a year for AIDS prevention activities. To complement these efforts, UNFPA has, therefore, focused on providing assistance to the public sector's population activities, to which it is now the largest donor and the sole source of funding for contraceptive requirements.

12. The World Health Organization (WHO) and UNICEF have collateral activities that complement those of UNFPA as well as some joint programmes. In 1994, the European Union started a three-year integrated health programme in the southwestern region, with a total commitment of \$9.8 million, focused on the improvement of the health conditions of the region. A five-year extension is presently under study.

13. UNFPA's most important reproductive health activities targeted the populations in marginal areas of the capital city of Santo Domingo, in the 10 sugar estates of the Government's Sugar Council and in the western provinces bordering Haiti. They were implemented by the National Council on Population and Family, which is part of the Ministry of Health, and national NGOs such as the local International Planned Parenthood Federation (IPPF) affiliate, PROFAMILIA. Programmes addressing the problems of sexually transmitted diseases (STDs), including HIV/AIDS, among men and adolescents, including related information, education and communication (IEC) activities, were carried out with the Dominican Association for Family Planning (ADOPLAFAM) through an innovative project using barbers and trade-union members.

14. UNFPA's first country programme was extended for two years in 1994 with an additional funding of \$1.9 million. During this period the programme's content was expanded to include activities fostering the empowerment of women by providing support for the efforts of an NGO, the Dominican Women in Development, and the Provincial Office for Women in Salcedo province. The past six years of effective collaboration among the Government, non-governmental organizations (NGOs) and UNFPA has helped contribute to increased contraceptive prevalence, through an expanded mix of contraceptive methods in the public sector, as well as to increased prevention of STDs through male involvement and women's empowerment. The new programme plans to bring other NGOs into this successful collaborative process. It would also attempt to reach out to community organizations, like associations for farmers, women and youth, especially in rural areas, since most NGO activities are presently concentrated in urban and peri-urban areas.

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Proposed programme

15. UNFPA proposes a programme of assistance that is concentrated in the area of reproductive health. This core programme will be complemented by certain strategic interventions in the areas of population and development, and advocacy. The overall strategy is to strengthen national institutions, first at the central level through strategic advice for policy and institutional reforms, and then at the regional level through technical and financial assistance to the poorest areas. The Government wants to address the paucity of reliable national and regional data needed for the formulation and implementation of population policies and programmes and for the proposed decentralization process. The proposed UNFPA programme will therefore provide assistance to the Government for strengthening national capacities in these areas and for improving the demographic database.

16. Reproductive health. In the area of reproductive health, including family planning and sexual health, the sub-programme aims at improving the quality of public-sector reproductive health services in order to contribute to the reduction of maternal mortality and unwanted teenage pregnancies. The programme will cover strategic advice, advocacy and training activities which will assist the Ministry of Health in adopting a holistic concept of reproductive health into its policies and programmes.

17. At the sub-national level, the sub-programme will concern itself with helping to provide safe and accessible reproductive health services through 1,250 health service providers in the 95 health centres, 9 hospitals and 13 sub-centres of Health Districts IV and VI, the two poorest regions in the country. These units will serve the approximately 200,000 women of child-bearing age, as well as men, who live in those regions. Given the weak database and insufficient knowledge on the causes of the gap between the population's reproductive health needs and the actual reproductive health services, the first step of this programme will be a joint needs assessment exercise that will include local NGOs and community groups in these two targeted areas.

18. The sub-programme and its related advocacy activities will contribute to the Government's objectives of reducing the incidence of unsafe, illegal abortions; sexual violence; STDs, including HIV/AIDS; and the overall reproductive risks for adolescents, including the dangers connected with unwanted pregnancies. Policy assistance and financial support at the national level will specifically address the IEC needs of out-of-school adolescents, who represent more than 60 per cent of this age-group. The reproductive health service needs of this group will be addressed not only in the two focus regions but also in the marginal areas of Santo Domingo.

19. Over 60 per cent of the Dominican Republic's contraceptive requirements are provided by the private and NGO sectors. In the past six years, UNFPA was the public sector's sole funding source for contraceptives. In order to enable the Government to find other donors and develop a cost-recovery system for contraceptives, UNFPA will provide technical assistance and \$200,000, on an exceptional basis, to fund the national public-sector contraceptive needs for 1997. Thereafter,

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UNFPA will only provide limited funds for the contraceptives required for the reproductive health services that it will be supporting in the two focus regions.

20. Population and development strategies. The Government wants to formulate a population policy that will serve as a political framework for national population programmes. The National Council on Population and Family has the prime responsibility for developing population policies and programmes. The National Office for Planning -- responsible for the integration of population into national and regional development plans -- and the National Statistical Office both want to make urgent use of the 1993 census data, especially in meeting the requirements of the planned decentralization efforts. To assist in reaching these goals, UNFPA will provide strategic advice at the central level for all three institutions and, at the regional level, technical assistance and staff training in the institutions' sub-offices located in the two targeted regions.

21. Advocacy. Through strategic advice and technical assistance, the Fund will help the National Council on Population and Family develop a population advocacy strategy and programme as well as IEC activities in support of reproductive health, especially those targeting out-of-school adolescents. National NGOs will be called upon to share their expertise and experience in this area with the public sector and with community groups, such as associations of local farmers, women and youth. To the extent that resources allow, the Fund will also work with the academic and the religious sectors, in order to strengthen their understanding of and commitment to population and reproductive health issues, as well as to the empowerment of women.

22. UNFPA will continue its support to women and gender issues through the proposed Ministry of Women by providing strategic advice for the planned national action plan for women and through training of staff to handle the Ministry's gender advocacy role. On the regional level the Fund will provide technical assistance to the offices of that Ministry in the two targeted regions, once these offices are established.

Implementation, monitoring, evaluation and coordination

23. The proposed programme will be executed by the Government and national NGOs in cooperation with other United Nations agencies and UNFPA. The UNFPA Country Support Team, headquartered in Santiago, Chile, would provide technical backstopping. South-South cooperation will be promoted and utilized to the largest extent possible.

24. Baseline information will be collected at the start of each sub-programme and utilized in the participatory needs assessment exercise that is to be organized for the two targeted regions. The collected information and other qualitative and quantitative data will be utilized to monitor progress and evaluate results in accordance with UNFPA's established guidelines. A mid-term programme review is planned for 1999 and a programme evaluation for 2001.

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Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for the Dominican Republic as presented, in the amount of \$5.5 million for the period 1997-2001, \$4.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Burkina Faso

Proposed UNFPA assistance: \$10.3 million, \$8.8 million from regular resources and \$1.5 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.1	1	7.1
Population & development strategies	1.7	.5	2.2
Advocacy	1.0	-	1.0
Total	8.8	1.5	10.3

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BURKINA FASO

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	42.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	8.0	≥ 55
Access to basic health services (%) ³	49.0	≥ 60
Infant mortality rate (/1000) ⁴	130.0	≤ 50
Maternal mortality rate (/100,000) ⁵	810.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	20.4	≥ 75
Adult female literacy rate(%) ⁷	8.0	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	10,319	Annual population growth rate (%)	2.5
Population in year 2000 (000)	11,708	Urban	8.9
Sex ratio (/100 females)	98.2	Rural	-0.5
Per cent urban	27.2	Crude birth rate (/1000)	44.2
Age distribution (%)		Crude death rate (/1000)	18.0
Ages 0-14	44.9	Net migration rate (/1000)	-1.0
Youth (15-24)	18.5	Total fertility rate (woman)	6.06
Ages 60+	5.0	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.4	Males	45.3
Median age (years)	17.6	Females	48.1
Population density (/sq. km.)	38	Both sexes	46.7
		GNP per capita (U.S. dollars, 1994)	300

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (—) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period of 1997-2000 to assist the Government of Burkina Faso in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$10.3 million, \$8.8 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$1.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Burkina Faso.

2. The proposed programme was prepared in close collaboration with national authorities, non-governmental organizations (NGOs) and the donors active in the country. It takes into account the Government's priorities, the recommendations of the multisectoral programme review and strategy development (PRSD) exercise, the strategies proposed in the Country Strategy Note and the programmes of other donors in the population field. It is harmonized with the programming cycles of the Government and UNICEF.

3. Burkina Faso is a category "A" country under the Fund's new system of resource allocation. The programme's long-term objective is to help the Government reach a balance between population, resources and environment, in order to achieve its goals of sustainable human development. The programme promotes gender equity and equality and aims to improve the overall status of women. While contributing toward the achievement of the broad and long-term national objectives, the proposed programme will focus on capacity-building and on strengthening and increasing the accessibility and quality of Safe Motherhood and family planning services. It will also focus on preventing female genital mutilation and other harmful traditional practices and limiting the spread of sexually transmitted diseases (STDs), including HIV/AIDS. UNFPA will support the further integration of population issues into development planning. The programme will contribute to national objectives, targeted for the year 2000, of reducing maternal and infant mortality rates, increasing and improving reproductive health services, enhancing mass information campaigns on contraceptive use targeted at rural populations, and increasing the contraceptive prevalence rate.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. With almost half of its population under the age of 15, Burkina Faso's 1996 population of 10.6 million is expected to double in 30 years. The total fertility rate is 6.0 children per woman, but the rate is higher in rural than in urban areas. Girls marry at an average age of 18.8 years but, again, the

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age is younger in certain regions. Rapid population growth is putting a great strain on this landlocked and extremely poor country's limited natural resources and economic well-being.

6. Reproductive health indicators remain a cause for concern: prenatal and obstetric coverages are low (46 and 26.8 per cent, respectively), and in 1994, only 22.8 per cent of children under the age of 12 months were registered for medical consultations. The spread of STDs, including HIV/AIDS, is increasing, particularly among the young. These unfavourable health indicators are attributable to poverty and lack of access to health facilities. Furthermore, existing facilities frequently lack reproductive health services, including family planning. Although the country's first in-school sex education programme was developed as far back as 1976, adolescent sexual health needs are inadequately addressed in terms of counselling and services. Harmful traditional practices, including female genital mutilation, are prevalent, and legislation favourable to women has not been successfully implemented. In economic, political and social arenas, women continue to suffer from discrimination. School enrolment and literacy rates are low, particularly for girls and women.

7. Burkina Faso is among the least developed countries in the world; its per capita gross national product (GNP) is \$300. More than 60 ethnic groups make the country a melting pot of diverse cultures and a challenge for cultural outreach. A recent survey indicated that 45 per cent of the population lives below the officially established poverty level. Economic performance depends on irregular rainfall and unfavourable terms of trade. Despite the large share of public expenditure devoted to social sectors (23 per cent in 1995), access to basic services is very limited. The political will to promote equality and improve the status of women is strong, as demonstrated by the adoption of population policies and favourable legislation. The Government endorsed the conclusions of the ICPD and is attempting to incorporate them in evolving national policies. The national health system is mandated to offer reproductive health and family planning services, yet these efforts are offset by low levels of public awareness, education and resources.

Previous UNFPA assistance

8. The Fund's third programme, from 1992-1996, aimed to reduce the adolescent pregnancy rate, increase awareness of population issues, enhance national capacity for demographic data collection and analysis, and improve the overall status of women. The programme was hampered by structural obstacles and delays stemming from the country's decentralization process. The obstacles included a dearth of reliable data for planning and evaluation, inadequate human resources assigned to projects, which was then worsened by a high turnover rate, and weak national coordination mechanisms for the population programme and for implementation of the strategy to improve the status of women.

9. Despite these obstacles, the programme achieved many of its objectives. In the ten provinces where UNFPA was involved, maternal and child health and family planning indicators -- including the contraceptive prevalence rate -- improved markedly in comparison with the rest of the country.

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Awareness of population issues among top-level governmental authorities increased so that development policies now take population into account. The Fund's advocacy efforts resulted in greater participation by NGOs and community based organizations (CBOs) in national population efforts as well as increased resources for population activities. The programme also resulted in the institutionalization of population and family life education in secondary schools and its introduction in primary schools, the informal education system, and literacy campaigns. It strengthened the institutional and technical capacities of 275 health facilities. Several thousand teachers and population managers were trained in population-related issues. Programme-relevant investigations were conducted and national execution -- a recent modality in the country -- was encouraged.

10. The programme did not achieve its goal of increasing the national contraceptive prevalence rate from 6.6 per cent to 22 per cent. The Fund's objective proved unrealistic, especially since it was not predicated on good baseline data and UNFPA activities were limited to only ten provinces while the objective was cast in national terms. From the experiences during the third programme, it is clear that future programmes should be planned on the basis of reliable and appropriate data. Another lesson learned is the importance of coordinating the programme with the country's decentralization process, especially within the Ministry of Health. The Fund's work should also be complementary to other donor inputs. There is clear need for a comprehensive national reproductive health programme, and advocacy should focus on that. The country's institutional mechanisms for coordinating the national population programme should be reviewed and enhanced. The trend toward national execution has contributed to enhancing national capacities and to reinforcing a sense of national ownership and must therefore be continued.

Other external assistance

11. Burkina Faso is a priority country for development assistance. Donors in population and related fields have included, until its departure in 1995, the United States Agency for International Development (USAID), the World Bank, the European Union, the United Nations specialized agencies and the African Development Bank (ADB). Canada, France, Germany, the Netherlands and several international and national NGOs also fund related activities. The Government, in consultation with the Health Donors Committee -- of which UNFPA is an active member -- is in the process of defining a new strategy for improving health services, decentralizing management, and increasing community involvement. The Fund has developed the proposed programme in complementarity with other donors. For example, while the European Union will provide management training and essential drugs, UNFPA will emphasize training in reproductive health and the gender perspective and will provide contraceptives.

12. UNFPA is the only donor with a comprehensive approach to population issues and with the flexibility to develop all components of reproductive health, including family planning and sexual health. Other donors concentrate on highly specific areas such as infrastructure, training, or

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contraceptive supply. UNFPA has also developed a high-level policy dialogue and a good working relationship with government officials who appreciate the Fund's ability to assist on population and development issues within the ICPD context. Based on comparative advantage and mandate, the Fund will participate in primary health care and basic education projects developed within the context of the Joint Consultative Group on Policy. For the period of the next programme cycle, the Government envisages the development of a framework of action for all its development partners in the population field and has requested the support of UNFPA as the lead agency for its elaboration.

Proposed programme

13. The UNFPA programme is primarily concerned with institutionalization and sustainability of population activities. While complementing other donor inputs, the programme will emphasize expansion and improvement of reproductive health services. It will also support the selected reinforcement of interventions in population and development strategies. In terms of advocacy, it will aim to establish a better overall environment for reproductive health activities. The programme will focus on and contribute to achieving national technical sustainability by increasing the supply of trained personnel and fostering the programme approach.

14. Reproductive health. The programme's strategy in the area of reproductive health is to increase and improve the quality of services and expand the number of facilities offering reproductive health services, focusing on rural areas. It will seek to expand the number of basic Ministry of Health facilities that offer reproductive health services from 468 to 677. The programme will also seek to create at least 250 new NGO and CBO reproductive health service points, especially in rural areas. It will work to increase from 2 to 10 the number of centres offering adolescent reproductive health services as well as to make the entire health system more responsive to adolescent needs in this regard. It will seek to raise awareness of the harmful health effects of traditional practices, in particular of female circumcision, in order to reduce their incidence.

15. Working with other partners, especially the World Health Organization (WHO), the Fund will help the Government in formulating a comprehensive reproductive health programme and an attendant human resource development plan, introducing reproductive health into the curricula of all health personnel training institutions and into supervision guidelines. In collaboration with the World Bank and other development partners, the programme will expand and improve reproductive health services and contribute towards the decentralization of the health management system. Specifically, it will aim to improve the system of identifying and referring high-risk pregnancies and abnormal deliveries and improve technical standards and the capacity to manage referred cases. The programme will reinforce technical and institutional capacities in coordination with the decentralization process, Government investment and other donor support. It will focus on diversifying the modes of delivery of family planning services in order to respond better to regional and cultural differences and in making available a wider range of contraceptives.

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16. In addition, cultural research will be carried out to develop more focused and relevant information, education and communication (IEC) messages. The programme will support IEC efforts to promote the use of reproductive health services and to promote responsible sexual behaviour, particularly among young people and men. IEC activities will further aim to prevent STDs and lower the incidence of female circumcision. UNFPA will also support operational research to identify the training needs of health personnel, the incidence of STDs among adolescents, and the need for other programme-relevant assessments. Institutional and technical support will be provided to the national coordination unit of reproductive health activities in order to enhance its strategic planning, management and evaluation capacities. The programme will continue to integrate information to promote reproductive health into informal education and literacy campaigns.

17. Population and development strategies. In the area of population and development, the programme will focus on the lack of general awareness of the interrelationship between population and development as well as insufficient integration, at the administrative level, of population and gender issues into sectoral and regional development plans and programmes. Recognizing the importance of developing Burkina Faso's mechanisms for coordinating and monitoring the implementation of its population policy and strategy for enhancing the role of women in development, the programme will help strengthen the institutional and technical capacities of planning and coordinating agencies at all levels. The programme will also contribute towards the adoption of an updated National Population Policy, after additional revision based on the 1996 census, and the development of a new implementation plan.

18. The proposed programme will strengthen the technical and institutional capacities of governmental and non-governmental structures at central and regional levels involved in the design and implementation of policies. It will also strengthen national data collection structures to provide baseline data and to deal with demographic variables and operational research. Improved data will enable government agencies and other organizations to focus activities on the individuals and grass-roots communities most in need. The programme will increase awareness of population and gender issues through seminars and workshops, use of radio broadcasts and by continuing its efforts to extend population education to primary schools. It will assist the Government with its review of multisectoral strategies for the promotion of women.

19. Advocacy. The proposed programme will assist the Government in addressing such challenges as the limited awareness of national population objectives and inadequate operationalization of the country's implementation plan; limited enforcement of legislation in favour of women; and the lack of involvement of religious and traditional leaders in population- and gender-related issues. To address these problems, the programme will assist in establishing an advocacy framework, networks and partnerships for national political and financial support and commitment to population activities. The programme will help the Government extend the favourable

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environment for population and reproductive health issues found among top-level officials to other decision makers, parliamentarians, local elected officials, religious groups and traditional leaders.

20. In order to enhance the understanding of legislation in favour of women, including the eventual elimination of harmful traditional practices, the Fund will encourage the support of magistrates, local elected officials, administrative agents, traditional leaders and religious groups. It will provide support for information and training workshops on population and gender issues for religious and community leaders and community counsellors. The Fund will continue to assist national groups such as the national network of women ministers and parliamentarians as well as NGOs and other associations to help them to create greater awareness and commitment on population issues and on the rights of women. The programme will focus on the incorporation of population and gender perspectives into those development policies where they are not yet included as well as in all associated sectoral and regional plans and programmes of action.

Implementation, monitoring, evaluation and coordination

21. UNFPA's programme will be executed by various governmental agencies, United Nations specialized agencies, national and international NGOs and UNFPA. National experts will be assigned to programmes to provide on-site management and technical support. Monitoring and evaluation will be carried out in accordance with UNFPA guidelines and will include project reports, tripartite reviews and annual programme review meetings. The programme management team, comprised of managers of UNFPA-supported projects and technical advisers, will continue to meet quarterly to foster a programme approach. Biannual joint field visits will be conducted. A mid-term programme review will be held in 1998 in conjunction with the Country Strategy Note's mid-term review. Training for project personnel in monitoring, evaluation and financial procedures will be supported jointly with Government units in charge of national execution. Programme coordination will primarily be the responsibility of the Government through the Steering Committee set up for ICPD follow-up and for the UNFPA programme. UNFPA will support and contribute to these efforts through its participation in all relevant coordinating bodies including the Resident Coordinator system, donor consultation committees and round tables.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance to Burkina Faso, as outlined above, in the amount of \$10.3 million over the period 1997-2000, of which \$8.8 million would be programmed from its regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of \$1.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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and of the
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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Cuba

Proposed UNFPA assistance: \$4.5 million from regular resources
Programme period: 5 years (1997-2001)
Cycle of assistance: Fifth
Category per decision 96/15: C
Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Total
Reproductive health	4.5	4.5
Total	4.5	4.5

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CUBA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	90.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	70.0	≥ 55
Access to basic health services (%) ³	98.0	≥ 60
Infant mortality rate (/1000) ⁴	12.0	≤ 50
Maternal mortality rate (/100,000) ⁵	39.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	100.0	≥ 75
Adult female literacy rate (%) ⁷	94.2	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SERA/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	11,041	Annual population growth rate (%)	0.6
Population in year 2000 (000)	11,385	Urban	1.2
Sex ratio (/100 females)	100.7	Rural	-1.3
Per cent urban	76.0	Crude birth rate (/1000)	14.9
Age distribution (%)		Crude death rate (/1000)	7.0
Ages 0-14	22.8	Net migration rate (/1000)	-1.8
Youth (15-24)	16.8	Total fertility rate (woman)	1.82
Ages 60+	12.3	Life expectancy at birth (years)	
Percentage of women aged 15-49	55.2	Males	74.2
Median age (years)	30.1	Females	78.0
Population density (/sq. km.)	100	Both sexes	76.0
		GNP per capita (U.S. dollars, 1994)	1,878

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund proposes to support the Government of Cuba in its efforts to implement its reproductive health policies and strategies over the period 1997-2001. UNFPA proposes to provide assistance in the amount of \$4.5 million from the Fund's regular resources to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's fifth cycle of assistance for Cuba.
2. The proposed activities were developed in full cooperation with the Government of Cuba through the Ministry for Foreign Investment and Economic Collaboration and other ministries concerned with population issues in the country. The proposal is based on official national plans and programmes, including the Maternal and Child Health Programme, the Family Planning Programme and the National Sexual Education Programme, as well as on the results of the mid-term review of UNFPA's previous programme of assistance that was carried out in May 1995. The proposal was structured in a logical framework through a methodology of participatory planning oriented to specific objectives.
3. Cuba is classified as a category "C" country in terms of the allocation of UNFPA resources. The overall objective of the proposed assistance is to facilitate Cuba's transition to a comprehensive reproductive health approach and to maintain the standards in that area that it has already attained. Special attention will be given to improving the quality of care, including the provision of contraceptives, and to motivating changes in behaviour, including through sex education and public information campaigns, in order to reduce the country's high level of abortions. The programme will focus on gender concerns in reproductive health and on the reproductive health needs of adolescents and youth. As a result of an analysis of their social and demographic situations, the proposed assistance will concentrate on 5 of the 14 Cuban provinces: Guantánamo, Granma, Holguín, Las Tunas and Santiago de Cuba.
4. All activities under the proposed assistance, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Since 1990, Cuba has been facing serious economic difficulties due to the disruption of trade relations with its former trading partners. From 1989 to 1995, the per capita gross domestic product (GDP) in pesos fell by 35.5 per cent, and national consumption was significantly reduced. Despite a slight recent recovery, economic indicators are still lower than they were 15 years ago. In the health sector, the lack of financial resources has led to a shortage of medicines, both imported and those produced domestically, and severe shortages of equipment, spare parts and materials. All of these difficulties have had a serious adverse effect on the ability of most health establishments to carry out

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their functions. Almost all health installations are deteriorating. Epidemiological problems, such as sexually transmitted diseases (STDs), including HIV/AIDS, have worsened. If the impact of the economic situation is not reversed, it will be difficult to maintain the health and demographic indicators at the level that Cuba has achieved as a result of long-standing policies and investments.

6. Cuba is now at an advanced stage of its demographic transition. The notable fall in fertility, along with an important reduction of mortality over the past two decades, has transformed the age structure of the population. From a total fertility rate of 4.7 children per woman in the period 1960-1965, Cuba has become the country with the lowest fertility in the Latin American and Caribbean region. According to national statistics, at the end of 1995 the total fertility rate was of 1.49 children per woman, and the gross reproduction rate was 0.72 girls per woman. Fertility rates in the 15-19 and 20-24 age groups remain high, however. One fifth of births in Cuba are to women less than 20 years of age.

7. Intra-uterine devices (IUDs) are the most favoured method of contraception, followed by oral contraceptives and sterilization. There is little use of condoms, and the active involvement of men in contraception is still minimal. Studies have shown that the country has a very high abortion rate. From 1968 to 1992, it is estimated that 2.9 million abortions were performed in Cuba while 4.7 million children were born. That means that for every 100 live births 62 abortions were performed. The highest abortion rates are registered in the 15-19 age group and among less educated women. The shortage of contraceptives hampers reduction of these rates.

Previous UNFPA assistance

8. The assistance provided by UNFPA to the Government of Cuba through previous country programmes was mainly earmarked for family planning services, information, education and communication (IEC) activities and the improvement of population statistics. Between 1975 and 1989, UNFPA's contribution reached \$10.9 million, while the assistance during the 1990-1996 period was \$6.9 million.

9. Assistance during the previous country programmes included the supply of contraceptives. In order to reduce external dependency on imports and to ensure availability of contraceptives in the country, support was given for the construction of an oral contraceptive factory in Havana. The plant's systems will be tested in early 1997, and production is expected to start in the middle of the year. In the meantime, it is necessary to continue the supply of oral as well as a variety of other contraceptives as a principal component of support for reproductive health in the country, considering the high abortion rate and the increase of STDs and AIDS, which require priority attention.

10. To date, sex education has not been included in the formal education curricula in Cuba nor have the resources of mass media been utilized effectively as a way of making the Cuban people

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aware of reproductive health issues. The proposed assistance will enhance sex education within the formal education system as a complementary strategy for the prevention of STDs and undesired pregnancies. The latest mid-term review of the UNFPA programme pointed out that it was also necessary to strengthen technical support in the area of reproductive health IEC, especially for the promotion of gender issues and, particularly, of men's responsibility in contraception. These topics will be included in a programme of training for health providers. Since the past programmes have shown the need for community mobilization, forthcoming assistance will seek to enhance the participation of such institutions as the National Women's Federation, academic centres and the Revolution Defence Committees in reproductive health activities.

Other external assistance

11. Actions in the field of reproductive health will be coordinated with other United Nations agencies, mainly UNAIDS, UNICEF and the Pan-American Health Organization (PAHO). Cuba receives little assistance in this field from sources other than the United Nations system. However, the International Planned Parenthood Federation (IPPF) contributes about 15 per cent of the national demand for hormonal contraceptives, 30 per cent of IUDs and 15 per cent of condoms. An international NGO, Medecins sans Frontières, is planning to provide condoms. Canada provided almost \$400,000 worth of IUDs in 1996. PAHO provides only technical assistance, mainly for research. UNAIDS has announced a contribution of \$60,000 for the purchase of condoms for 1997, which will cover 3 per cent of the national requirements of condoms during that year.

Proposed programme

12. The proposed assistance will be provided entirely in the area of reproductive health, including related IEC activities such as the promotion of sex education in the school system. UNFPA will assist the country in integrating a post-ICPD comprehensive reproductive health approach into its primary health care system. This will entail helping Cuba improve the quantity, quality and variety of available contraceptives; institute and reinforce sex education in the formal school system; and improve the quality of reproductive health care, including the provision of better counselling that includes a gender perspective. UNFPA's assistance is particularly aimed at improving the reproductive health conditions for adolescents and youth, with emphasis in the provinces of Guantánamo, Granma, Holguín, Las Tunas and Santiago de Cuba. Efforts will be focused on the first stages of sexual and reproductive life in order to avoid unwanted pregnancies, to delay the first pregnancy and to avoid abortions.

13. By the end of the proposed programme, UNFPA will have provided at least 90 per cent of all instruments and materials needed for vasectomies and for female sterilization, 40 per cent of IUDs and 15 per cent of condoms as well as 7 per cent of the national demand for injectable contraceptives. This will be supported by technical assistance in adopting new technologies as well as in the training

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of the human resources needed to ensure appropriate use of these inputs. UNFPA also proposes to provide assistance to increase the capacity of the respective national institutions in order to cover 100 per cent of adolescents with proper sex education in the province of Holguín (as a reference centre for all eastern provinces) and at least 20 per cent of the adolescents in the other selected provinces. This will be supported by providing technical assistance for the training of family doctors, nurses and community agents and that of future teachers in order to improve their competence in providing sex education with a gender perspective to Cuba's young people. A strategy will be developed to help provide reproductive health information to the Cuban people through the mass media.

14. The programme will also contribute to improving the counselling techniques of reproductive health providers, including the incorporation of a gender perspective in their counselling, by training 60 per cent of all reproductive health providers in the country. The programme will enhance the professional skills of those service providers by encouraging the use of appropriate training methods, by making available an adequate number of training materials and by helping to improve the dissemination of information within the health care system.

Implementation, monitoring, evaluation and coordination

15. In order to ensure tailoring the proposed assistance to the specific conditions and needs of each province, coordination will be strengthened with the local administrations, academic institutions and the health and education authorities in each province. A total of 60 per cent of the proposed resources will be allocated to the five priority provinces. The remaining 40 per cent will be assigned to the rest of the provinces. The Ministry for Foreign Investment and Economic Collaboration is responsible for supervising and coordinating external assistance at the central level. UNFPA's assistance will be executed by the Government through multiple partnerships at the local level. To that effect, the most appropriate agencies in each case will be chosen from public institutions, mass and community organizations and academic groups.

16. The proposed activities will receive technical advisory services from the Country Support Team for the Latin American and Caribbean region. Implementation will be monitored through periodic field visits and through regular tripartite reviews. Cuba has well-established institutional information systems, and these will be able to monitor changes in reproductive health indicators during the cycle of assistance to see how well the programme is able to help the country maintain its current standards. A mid-term review will be carried out in mid-1999.

Recommendation

17. The Executive Director recommends that the Executive Board approve the proposed assistance to Cuba, as outlined above, in the amount of \$4.5 million from UNFPA's regular resources, to the extent such resources are available and consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



**Executive Board
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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of El Salvador

Proposed UNFPA assistance: \$6.3 million, \$4.0 million from regular resources and \$2.3 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	4.0	2.3	6.3
Total	4.0	2.3	6.3

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EL SALVADOR

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	66.0	≥60
Contraceptive prevalence rate (15-44) (%) ²	53.0	≥55
Access to basic health services (%) ³	40.0	≥60
Infant mortality rate (/1000) ⁴	46.0	≤50
Maternal mortality rate (/100,000) ⁵	148.0	≤100
Gross female enrolment rate at primary level (%) ⁶	70.6	≥75
Adult female literacy rate(%) ⁷	67.8	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	5,768	Annual population growth rate (%)	2.2
Population in year 2000 (000)	6,425	Urban	2.9
Sex ratio (/100 females)	95.8	Rural	1.5
Per cent urban	45.0	Crude birth rate (/1000)	31.5
Age distribution (%)		Crude death rate (/1000)	6.5
Ages 0-14	40.7	Net migration rate (/1000)	-3.4
Youth (15-24)	22.3	Total fertility rate (woman)	3.59
Ages 60+	6.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	48.5	Males	65.8
Median age (years)	18.8	Females	70.8
Population density (/sq. km.)	274	Both sexes	68.3
		GNP per capita (U.S. dollars, 1994)	1,480

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of El Salvador in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$6.3 million, of which \$4 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$2.3 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This is UNFPA's fourth programme of assistance to El Salvador.
2. The proposed programme is based on the outcomes of the programme review and strategy development (PRSD) mission that visited El Salvador in September 1996. The PRSD was conducted in close cooperation with the Government and non-governmental organizations (NGOs). The proposed programme reflects the national policies and programmes articulated by the Government of El Salvador. It is harmonized with the programme cycles of UNDP and UNICEF and will be coordinated with the work of other United Nations agencies. The programme complements population activities being financed by the United States Agency for International Development (USAID).
3. El Salvador is committed to making reproductive health services universally accessible before the year 2015 by improving and expanding its primary health care system. The programme's overall purpose is to support this goal by fostering policy formulation and implementation, improving the quality of human resources and promoting behavioural changes. The national approach to population is being transformed from one based on maternal and child health and family planning (MCH/FP) to one based on a reproductive health, including family planning and sexual health, model. Under UNFPA's new system of resource allocation, El Salvador has been classified a category "B" country. While it has progressed in certain population-related areas, there is wide disparity between regions and socio-economic groups in reproductive health indicators, including fertility rates, maternal mortality and pre-natal care. The Fund's proposed programme is therefore targeted at improving reproductive health services in five underserved provinces and, nationally, to the specific goal of improving adolescent reproductive health and options. The programme focuses on reproductive health education and training and targets low-income and rural women and adolescent populations.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The armed conflict in El Salvador during the 1980s impacted negatively on the country's development and worsened most social and economic indicators. In spite of macroeconomic advances related to the implementation of a structural adjustment programme since 1990, 48 per cent of Salvadoran households live in poverty. In northern provinces, 60 to 75 per cent of the households are poor. The population growth rate of 2.5 per cent is moderated by international migration, calculated at -0.3 per cent annually. El Salvador is the most densely populated country in Latin America. Urbanization is occurring rapidly: almost a third of the population resides in San Salvador.

6. Fertility rates vary dramatically according to income, education and location. The average number of children is 2.4 among educated and better-off women and 5.6 among poor and uneducated women; the average is 5 in rural areas compared to 2.7 in the capital. Half of all babies are born to mothers between 15 and 24 years of age. The contraceptive prevalence rate is 53 per cent, with female sterilization being the preferred method. Only 23 per cent of sexually active adolescents use contraception. The very limited use of condoms and male sterilization are symptomatic of a male-dominated culture. The national maternal mortality rate is estimated at 148 deaths per 100,000 live births, but survey data indicate that the number could be as high as 300 in some provinces. Only 40 per cent of the population have access to basic health services, and about a third of births are not attended by medical personnel or trained midwives. In rural areas, only 33 per cent of deliveries received attention from trained personnel. Abortion is illegal except for medical reasons, yet there are strong indications that abortions occur at high rates: for example, in the country's primary maternity hospital 23 per cent of interventions are related to complications arising from abortions.

7. As part of a decentralization strategy to address socio-economic challenges, the Government is working to increase the participation of civil society, community organizations and local governments in development projects. The Government and the United Nations system are together promoting the Sustainable Human Development Programme (SHDP) to encourage sound development in five extremely poor provinces. The targeted provinces are characterized by high maternal and infant mortality rates as well as high levels of adolescent pregnancy. Access to reproductive health and family planning services in these provinces is extremely limited, violence against women is frequent, and environmental degradation is severe.

Previous UNFPA Assistance

8. UNFPA's assistance to El Salvador started in 1973. The first country programme was approved in 1977 to support MCH/FP services and to strengthen primary health care in rural areas. The second programme covered data collection and analysis, formulation of population policies, MCH/FP activities, and information, education and communication (IEC). In 1989, the Governing Council approved the third country programme. This was extended through 1996. Due to the availability of

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other funds that supported the provision of reproductive health and family planning services, the Fund altered its original programme focus and addressed instead the low demand for such services.

9. Two innovative approaches proved effective in increasing the demand for reproductive health services. First, through the National Secretariat of the Family, the Fund supported pilot projects to prevent adolescent pregnancy. UNFPA's recognized legitimacy and grounding in respect for human rights and the promotion of human well-being attracted the country's First Lady and the Archdiocese of San Salvador to get involved in those projects. Their involvement, in turn, legitimized the concept of reproductive health for a number of related institutions. Second, UNFPA supported a local NGO for IEC, counselling and service delivery to workers in a clothing factory. The outcomes of the project -- lower medical costs and reduced absenteeism -- convinced the company to manage the project. After only one year, it is now ready to take over the project's services.

10. A UNFPA-supported pilot project indicated that total fertility rates declined in rural areas when services were combined with IEC activities and community participation. This information was corroborated by the 1993 National Family Health Survey, which found similar results in urban areas. These experiences indicate the importance of involving national institutions with special strategic value, as well as the private sector, NGOs and other public and community institutions in population-related activities. The Fund's recognized legitimacy and its ability to respond flexibly proved advantageous during the third country programme.

Other external assistance

11. USAID has been the main contributor to reproductive health activities in El Salvador. From 1990-1996, it contributed \$29 million to improve basic health services and reduce infant mortality. It provided contraceptives to the Ministry of Health and is supporting an association of 30 local NGOs to expand MCH/FP services in 422 rural parishes for 100,000 women. USAID also supports activities for the prevention of HIV/AIDS through a local NGO and through a Central American project in the amount of \$23 million for the period 1995-2002. USAID mainly funds NGOs in areas with weak reproductive health coverage and is providing assistance to the Ministry of Health for needed supplies and the construction of facilities. As a complement to this, UNFPA's proposed programme will concentrate on providing technical assistance and training and will focus on five provinces in the poorer, northern part of the country.

12. Other donors in the health area are Japan, UNICEF, the World Food Programme, Germany, Canada, Italy, the Netherlands, Sweden and the European Union. The Salvadoran Demographic Association (ADS) is an NGO providing reproductive health and family planning services. An affiliate of the International Planned Parenthood Federation, ADS covers 15 per cent of the demand for contraceptives at the national level. It received funding from USAID in the amount of \$27 million

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for 1990-1998 to extend MCH/FP services to high-risk populations. ADS has entered in a cost recovery scheme, however, which limits access for low-income clients to its services.

13. As the country is now in a period of political stability, the allocation of both national and international resources will not be emergency driven. The Fund will seek to establish cooperation and coordination with other donors and institutions for the development of socio-demographic information systems, necessary for effective population planning and strategies. It will also work with other agencies of the United Nations to implement the SHDP in the five targeted provinces.

Proposed programme

14. The proposed programme focuses on education and training to improve the quality of reproductive health services, emphasizing women's self-esteem and empowerment and male involvement. The programme will be implemented through two sub-programmes. The first concentrates activities in five provinces where the SHDP will be executed, with a particular focus on low-income adolescents and young women. The programme will enhance human resources as a means to improve the quality of reproductive health services. It will also develop IEC activities to increase the demand for such services. The second sub-programme is national in scope and targets adolescents and youth. It focuses on IEC activities to foster sexual health and prevent early pregnancy. In order to provide a framework of action, the Fund will support policy formulation and the development of national guidelines and norms as well as a baseline survey against programme accomplishments can be measured.

15. The programme will address the managerial components of reproductive health by helping to train human resources at national and local levels. In order to produce qualified personnel to manage and maintain high-quality services, the programme will develop the training capacities of relevant national institutions. Service providers and health promoters, as well as officers of the Ministry of Health and the five local health systems, will be trained in reproductive health issues including strategic planning, management, quality of care, counselling, reproductive health technologies, gender sensitivity, male involvement and adolescent concerns. UNFPA will provide technical support from the Country Support Team headquartered in Santiago, Chile, and through short-term international consultancies to ensure the transition from an MCH/FP approach to one based on reproductive health. It will also facilitate cooperation with neighbouring countries.

16. The Fund will support selected activities in the area of reproductive health IEC, as part of the national SHDP, to be executed under the United Nations Resident Coordinator system. In the five provinces where the SHDP will be implemented, UNFPA's goal is that, by the end of the fourth country programme, 50 per cent of health care centres at the primary level will offer a full range of high-quality reproductive health services. Collaboration between the Ministry of Health, NGOs and

other public institutions will be encouraged to ensure that relevant IEC activities are implemented to promote the use of reproductive health and family planning services.

17. The programme will focus on achieving the national goal of increasing by 50 per cent the level of awareness on reproductive health matters within the adolescent and youth population and enhancing responsible reproductive health decision-making. A local university will be supported for organizing curricula and training in population IEC activities. UNFPA will provide and coordinate technical assistance for the national goal through its Country Support Team, international short-term advisers, and resident United Nations Volunteers. The Fund will also support selected pilot activities of strategic value and/or with clear replication potential in adolescent sex education, male involvement and empowerment of young working women.

18. Despite some innovative national policies and considerable external assistance, efforts to improve maternal and child health and increase family planning services have not produced the desired impact on population and development. This is partly attributable to weaknesses in strategic planning and management at central and local levels. The proposed programme will therefore support advocacy activities and training of national officers responsible for the planning and management of reproductive health services in the country. At the same time, the programme will support updating the qualifications of a group of national population education experts, as well as the replacement of those members leaving the labour force, in order to guarantee the advancement of population IEC and the conservation of national expertise sensitive to population and development goals, including environmental issues, and concepts. Taking into account the importance of the country's population team in implementing the ICPD goals, the new programme will help support an inter-institutional body at the highest political level to facilitate the implementation of the ICPD Programme of Action in the country. Such a body can help ensure coordination, complementarity and cooperation among the various entities involved in reproductive health, including government bodies, the private sector, NGOs and religious groups.

19. In order to ensure a better climate for programme implementation, UNFPA will assist the Government in the preparation and execution of an advocacy strategy aimed at achieving consensus and full commitment to the goals and objectives of the ICPD Programme of Action. Advocacy activities will involve the executive and legislative branches, the private sector, NGOs, religious organizations, universities, professional associations and the media. Advocacy work will focus on reproductive health goals, poverty alleviation, women's empowerment, the education of girls and women's literacy.

Implementation, monitoring, evaluation and coordination

20. The programme will be implemented primarily by government institutions and national NGOs as well as private companies (the maquilas). Community participation will be enhanced in all aspects

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of the programme's implementation through the involvement of NGOs and other public institutions. Programme implementation will require technical assistance from national consultants as well as Country Support Team staff. The Vice-Ministry of External Cooperation will be in charge of monitoring the programme at the national level. To review programme implementation, periodic meetings will be held with the representatives from the Government, NGOs and the UNFPA local office. A mid-term review is foreseen in the year 1999.

Recommendation

21. The Executive Director recommends that the Executive Board approve the programme of assistance for El Salvador as outlined above, in the amount of \$6.3 million over the period of 1997-2001, \$4 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$2.3 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.
